

# CHARACTEROLOGIC AND SYMPTOMATIC EXPRESSIONS RELATED TO THE ANAL PHASE OF PSYCHOSEXUAL DEVELOPMENT

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The influence on character formation exerted by the anal period of psychosexual development in infancy is extremely complicated, and in our culture is probably the most potent factor in character formation. Its importance arises from the facts that first, the events which transpire in this particular phase are of tremendous interest to the infant and small child, and are further emphasized by the fact that society enforces more repression and suppression on them than on the events of any other phase; second, this phase is tremendously influenced and conditioned by the events and reactions set up in the earlier or oral phase; and third, it is greatly influenced and complicated, on the part of the child, by the phase which follows, namely the genital phase.

Our culture emphasizes the importance of the anal period, in contrast to the primitive cultures described by Mead (1) in Samoa, and Róheim (2) in Central Australia which place no taboos or restrictions on the excremental functions, and where no so-called anal character develops. Time means nothing to these natives, there is a *laissez faire* attitude about work, money is of little interest, and the people share everything with their fellows. The emphasis on production, the value of time, the importance of material possessions, the striving for wealth and its implied power, are all paramount goals in our age of civilization, which might be said to be in an anal phase. Perhaps because these have all assumed such large proportions in our personal strivings, acceptance of their psychological origins meets with special resistance. But this same importance

increases the justification of a detailed analysis of their origins.<sup>1</sup>

An attempt to classify the adult character and behavior traits related to specific events and experiences in infancy during the oral, anal, and phallic phases of development is justified on the basis of throwing light on the etiology of such character and behavior traits. Merely to relate a particular symptom to the anal phase is too general.

It is never possible to differentiate in an adult clear-cut examples or characteristics derived exclusively from a particular phase of infantile development. No character is purely oral, anal, or genital. It is perhaps questionable whether it is correct to assume that characters can be classified into oral, anal and genital types, for the reason that a so-called anal type may be very largely the result of influences occurring during the oral period.

The term 'anal phase' refers to both the urethral and anal sphincter training experiences and influences. The specific influences which may be strictly urethral, in contradistinction to those which may be strictly anal, are probably very few and questionably distinguishable. The training for both functions is essentially the same and the bisexual nature of the child at this age would suggest that anatomical differences in the genitalia are of no importance although this difference may later be used to express certain 'anal' interests. Undoubtedly the anal sphincter training receives much more emphasis from the parents, more interest from the child, and the importance of the anal product is far greater than of the urethral product. The term 'anal' will therefore be used to include both urethral and anal functions, with specific mention of urethral events or influences if they are significantly different.

As the result of treatment or other experiences an individual may progress or regress from one set of predominating characteristics to another. Character traits are not fixed, inflexible characteristics.

<sup>1</sup> No attempt is made in this paper to substantiate each fact from sources in the literature. The writer is deeply indebted, among others, to Fenichel (3), Freud (4), Abraham (5), Jones (6), Ferenczi (7), Lewin (8), Rickman (9), Stephen (10), and Alexander (11).



In presenting the anal phase and its influence on character, the observable events occurring in infancy are described, including those which the infant experiences, and the external influences that are brought to bear upon these experiences. The expressions in the adult which are representations of these infantile experiences are outlined under the divisions: (1) direct survivals primitively expressed both by primitive mechanisms and ideational trends; (2) socially unacceptable character traits; (3) socially acceptable character traits; (4) reaction-formations; (5) symptoms. Expressions of anality carried directly over into adulthood are divided into those connected with the evacuation mechanics or product, and those which are the result of partial or complete failure in the training.

No generalizations can be made as to why a particular individual expresses his anal character traits in a specific way, since the causes vary with every individual. Fenichel(3) has given considerable discussion of this complicated question. It is theoretically possible that the individual who expresses many of his anal characteristics directly may have had less stress placed on anal repressions in infancy, or they may be the result of a less severe superego. Sublimations represent the ideal solution for the anal interests and effect the most propitious solution for anal erotism. Reaction-formations may be the result of oversevere training, or the effect of a tyrannical superego.

*Age Span of the Anal Period.* It is assumed that the anal phase begins essentially with birth, and that it becomes gradually and progressively important in the life of the infant, reaching a maximum of interest about the time that weaning occurs and the training habits are becoming established. It is assumed that its manifestations begin in the period from the sixth to the twelfth months, and reach maximum intensity between the eighteenth and twenty-fourth months. It begins to be replaced in importance between the thirtieth and thirty-sixth months by genital interests. Nevertheless, active interest continues to be directed to the process of evacuation and to feces into the fifth, sixth and seventh years.

*Aggressive and Erotic Components.* Fenichel has attempted to distinguish between the aggressive and the erotic elements of the anal phase of psychosexual development. Presumably every phase has its respective erotic and aggressive elements. For instance, in the phase of anal withholding the element of pleasure is in retaining the faecal mass (erotic satisfaction), the aggressive element one of an angry refusal to give the content of the bowel. Similarly, the expulsion of flatus may be entirely an erotic satisfaction, or it may have purely an aggressive content derived from the 'defiance' phase.

In early infancy the feelings connected with the bowel functioning are primarily erotic, and expressions from this early period in later life are also preponderantly erotic. Only in later infancy does the aggressive element become manifest. Many socially acceptable character traits, anally derived (sublimations), represent such a complete fusion of these two elements that they are neither predominantly erotic nor aggressive.

In adult life, anal erotism is less conspicuous than anal aggression. This results in part from the stricter repression of anal erotism (in contrast to genital erotism), and in part because (anal) aggressiveness is more apparent since it always involves relationships with other people. Some adults maintain throughout life typically anal techniques in their relationships to all object choices—narcissistic, heterosexual or homosexual. The aggressiveness of such individuals is often extremely difficult to relate to specific events within the anal phase. The phrase 'a dirty, stinking trick', refers to the anal technique of a certain type of individual in his relationships to others, which, not permitting explicit classification of such an individual, aptly characterizes an extremely common form of anal aggressiveness.

*Symbolic Significance of Act and Product.* It is important to differentiate, both in infancy and in the derivative character traits later developed, the significance between the action of evacuation, which in general symbolizes achievement, and the product of evacuation. While no fixed formula holds, the



character formations equated with the act are most commonly expressed in attitudes, and those concerned with the product are manifested in interests and in things (symbolic equivalents). Physical anal characteristics and symptoms are not essentially different from purely psychological manifestations. While such a view may not be practical in the medical handling of cases, it is of considerable importance in the theoretical concept.

*Division into Anal Expulsive and Anal Retentive Phases.* The chief significance of this older classification of the subdivisions within the anal phase lies in the fact that distinguishing between them in some degree represents the level of the infant's appreciable reality testing, and as such marks the change from dominance by the id in the earlier phases to that of the ego in the later phases.

*Character versus Neurotic Traits.* When the character traits are expressions of the ego utilizing instinctual energy in a socially approved fashion, they are successful sublimations, acceptable to the ego. Symptoms are always ego alien. Many undesirable character traits represent a failure to inhibit an infantile or primitive aim, the attitude or the activity not having been successfully desexualized.

*The Rôle of Constitution.* 'Constitution' and heredity may be factors of great importance, but their significance either as facts or influences is too little known for evaluation.

## INTERCHANGE OF INFLUENCE OF ORAL AND ANAL STAGES

The accumulated data on the subject of the interaction of oral and anal phases are limited, but that a very intimate association does exist is well recognized. There can be observed in the infant, for instance, the act of taking food and immediately defæcating. Editha Sterba has observed the retention of food in the mouth as an infant's protest against the initiation of bowel training.<sup>2</sup> Theoretically, one can assume the formation

<sup>2</sup> Sterba, Editha: *An Important Factor in Eating Disturbances of Childhood*. This QUARTERLY, X, 1941, p. 369.

of associations between the oral and the anal phases in at least three possible relationships: first, the soiling process is continued throughout the oral phase; second, because of the emphasis on sphincter training, the anal phase may be accompanied by fear of the parents; third, the anal phase may be avoided in preference to the oral phase because of the possible danger or threat to oral gratifications. One can observe in the adult many oral influences on the anal expressions, for instance, the anal reaction of stubbornness as a part of an inferiority response to compensate for oral dependence or oral sucking needs; the anal reaction to guilt by diarrhoea as a response to oral aggressiveness.

There are also many examples of oral expressions colored by anal experiences. These may result from regression to the oral level, or more commonly they represent anal activities expressed through oral machinery. In all of these the mouth, tongue, and teeth are equated with the anal and rectal anatomy and food and speech are equated with faeces. Thus, in the various direct survivals in later life, one can see the relationship to the anal phase in some individuals addicted to the taking of laxatives, those who place great emphasis on special diets, particular foods, or the color, etc., of foods. All of these may be due to anal influences in the suckling stage. In the oral biting phase there are many examples of the direct survival of anal influences as exemplified in verbal attacks where words are equated with faeces and hurled at people. The verbose braggart or social bore is sometimes referred to as being a 'bag of wind', or a 'blow-hard', often consciously equated with flatus. Coprophilic profanity is equated with faeces as are many jokes which represent an oral soiling. In the same category are such familiar expressions as 'mud-slinging' referring to verbal faeces, belching, picking one's teeth in public, and nose-picking. The 'Bronx cheer', an imitation by mouth of the noisy anal expulsion of flatus, is perhaps the most outstanding direct anal expression by oral means. Its use has reached such popularity that everywhere stores carry rubber toys with which this sound can be made. In children's play between four and eight years,



this same sound is disguised in the imitation of sounds of engines, machine guns or airplanes.

Other expressions of the anal character through oral expression are illustrated in sublimations by oratory and even loquaciousness, which is referred to colloquially as a 'diarrhoea of words' or 'running-off at the mouth'. It is quite possible that satire is a sublimated form of inhibited anal aggressiveness. Emphasis on purity of speech (i.e., undefiled) may be an oral reaction-formation to anal temptations. Among symptomatic expressions, stammering is a direct representation of the erotic value of the process as well as the opportunity to hang on to the production. Spitting, vomiting, and eructations may be oral psychological equivalents of bowel functioning.

This relation between the oral and anal interests is suggested by the popular story of a well-known inventor who wished to create something the public would use. He considered the pleasures of man and decided that the two most popular were chewing and defæcating. His creation was a laxative chewing gum.

### INFANTILE EVENTS IN ANAL STAGE AND THEIR SUBSEQUENT EXPRESSIONS

In outlining the observable facts and reactions that occur in the anal phase, there are those which are autogenous or subjective experiences, and those which are exogenous, namely influences brought to bear on the child by the parents. However, it is impossible to separate these. Six events or reactions during this period are distinguished and a correlation is made between these infantile events and their fate in adult life as direct unchanged primitive survivals, as socially unacceptable character traits, as socially acceptable character traits, reaction formations, or as symptoms.

#### SENSUAL PLEASURE AND THE INITIATION OF TRAINING

From birth the child in urinating and defæcating has the experience of getting a certain sensual pleasure from the contact, the warmth and consequent skin stimulation. It is during

this period that the child typically plays in his faeces and both the soiling and the smearing give a sensuous gratification. Coincidentally the mother or nurse contributes to this sensuous pleasure by unavoidable stimulation of the areas involved, by the repeated changing of diapers. Inseparable from this is the feeling of being loved in the process of being diapered.

As a direct consequence of the smearing-soiling tendencies, training is initiated. It is quite speculative what might happen in the psychological development of the child if he did not undergo this period of training, since the training is a severe denial of pleasure to the child. In any event, the rigorous adherence to this training is a major factor in the anal phase of psychosexual development. Various factors are probably the chief influences determining the character development.

*The Approach on the Part of the Parent to the Child.* The child begins the training because of fear of the mother. The infant's subsequent reaction toward demands made of it is colored by how gently, kindly, or patiently the parent may perform this training—namely, the amount of fear engendered. Later in the training the evacuation is carried out because of the child's desire to please or obtain love, though this may as frequently be used to express hate.

*The Age at Training.* The age at which training is initiated is of major importance since it is presumed that the earlier the age the more difficult the task for the child and the more fear must be instilled in the child by the parent. It is well recognized that the infant who has been trained too early consciously exhibits obedience, passivity, a sacrificial attitude, is overcleanly and is more likely to be fearful, while unconsciously it is much more hostile, rebellious and vengeful. The child who has had training at the 'ideal' age (which is probably around a year) consciously presents the normal attitude towards cleanliness, perseverance, manifests a normal pride and courage and unconsciously exhibits a normal sense of power. The child who is trained too late manifests carelessness, stubbornness, irresponsibility, slovenliness, and disorder.



*Methods of Training.* One must consider here the possible traumatic effects, as well as the beneficial effects, that result from the frequency with which the infant is placed on the toilet, the emphasis that the parents may place upon regularity, and the emphasis they may place upon cleanliness. An extremely important influence has been repeatedly demonstrated when the parents demand elimination through the frequent use of laxatives, or enemas.

*The Parental Attitudes Toward the Process.* The influence of the parents' attitude toward the process is intimately associated with the methods that they use to bring it about. Their mistakes in some cases may be due to ignorance because of their own lack of intelligence, or ignorance because of their social level and inadequate evaluation of its effect on the child. The parents may err because of their own neurotic attitude towards the procedure, namely their overevaluation of it, either with regard to frequency, regularity, insistence upon it, or on the other hand, the underevaluation of it, the carelessness with which it is carried out.

*The Social Situation.* One must consider also the observable facts about the social situation in which the child exists, not only the social strata of the parents, but also the physical facts such as the quality and regularity of feeding, whether it is trained on a toilet or a pot, whether the procedure is carried on in a warm, pleasant bathroom, or in a cold, unattractive room, and other variations.

One may summarize the training influences by reiterating that they are probably one of the important forces in character development.

In every individual one finds different types of anal expression, all of which are probably closely related, but this relationship cannot be represented diagrammatically because in the majority of instances the relationship is not at all clear. If the emphasis in training is wrong, or too much fear is created, there will be varying disturbances throughout the entire subsequent development of the child. One frequently finds, for

example, that constipation may have its chief unconscious psychological motivation in the representation of *fæces* as something of value, and thus something desirable to retain; in another, it may express the inhibition of anal sadistic impulses; in each instance, both factors are probably present even though one may predominate. The 'valuable possession' motive arises earlier in infancy, in the megalomaniac stage; the inhibition comes later during the period of defiance.

#### EXPRESSIONS RESULTING FROM THE SENSUAL PLEASURE PHASE

Here it is assumed that the chief factors are the localized sensual pleasure in evacuation, and the subsequent skin stimulation, the 'soiling' and smearing and diapering. Ferenczi (7), comparing *fæces* to toys, points out that the child's first substitutes for *fæces* are very similar, except for the loss of odor. This, however, seems in some degree to be a suppression, when judged from the well-known fact that the odor of an individual's *fæces* is rarely as unpleasant to himself as to others. One of our patients with a dirt phobia did not want the maid to clean his room, for although the room needed cleaning it was 'his dirt' and much to be preferred to fancied contamination from the maid. The child first substitutes mud, but then all substances which on account of their stickiness, moisture, or color that may leave a trace on the body or clothing become avoided as 'dirty'. Ferenczi pointed out that the symbol of filth must therefore undergo a further distortion, namely a dehydration. The child then turns his interest to sand, but in this there is often a 'return of the repressed' when the child enhances his pleasure in playing with sand by moistening it. With boys it is a common observation that they often fill the holes they dig in sand with their own urine, thus equating the two materials. A further common observation is the pleasure which children derive from playing with gum which has been chewed, tar, putty, and clay. A very similar form of gratification is the enjoyment of going barefooted, particularly on mud flats where the mud can be squeezed between the toes.



*Direct Carry-Overs Expressed Primitively.* In those direct carry-overs expressed primitively in the adult, in addition to the frequent observation mentioned above of the individual's evaluation of the odor of his own excreta, the defæcation process itself is often greatly overevaluated for erotic satisfaction. There is a large group of individuals who consciously express very frankly the satisfaction and pleasure in having a bowel movement, and for such individuals the size of the bowel movement is an extremely important factor in the satisfaction. There is a well-known saying expressed vulgarly that next to intercourse a satisfactory evacuation of the bowels is the most satisfying experience that man knows. Some individuals have the regular habit of enhancing this enjoyment by reading during the process. A similar direct expression of this erotic gratification is the expulsion of flatus, merely as a form of gratification although it is sometimes excused on the basis of 'obtaining relief'. In many such instances there is the associated occurrence of a slight soiling of the underclothes, of which the individual himself is usually conscious. Other expressions related to the primitive forms of gratification are anal pruritus, and, particularly, actual scratching of the anus. Expressions more commonly observed in neurotic individuals (but certainly occurring in many individuals without neuroses) are the various forms of direct anal stimulation and manipulation, a common form of which is poking the anus of another individual, known colloquially as 'goosing'.

*Socially Unacceptable Character Traits.* From this phase is derived the 'messiness' of some individuals in all their mannerisms and relationships. Their dress is careless, even slovenly; they have dirty personal habits and hygiene and lack any sense of obligation. There is a further carry-over in some individuals expressed in apparent satisfaction in besmirching the names of their acquaintances with scandal, in bedaubing the property of their rivals with paint (collegiate tactics of 'painting things red'), in besmearing the landscape of their environment with evidences of their bad taste and poor judg-

ment. Most primitively and most directly expressed is the scribbling of such individuals on the walls of public toilets.

*Socially Acceptable Character Traits.* To some degree sublimations include many of the childhood activities such as playing in the sand, the construction of playhouses with rocks, the manipulation of plastic clay, and similar activities. In all of these one sees that the first factor of importance is the material, but the manipulation of the hands becomes of more and more importance. As a consequence, we may regard sublimations as being at least partially of anal origin and arising from the sensual period as represented by painting, printing, sculpture, writing, and in general by handicraft. Included in this type of sublimation is the new art of fingerpainting, which when controlled and supervised becomes a socially approved form of play based on anal smearing.

The overevaluation of the product perhaps is sublimated in 'keepsakes', especially those 'produced' by the person himself or by a loved one. Usually the earlier in life they were produced, the greater is their value. That children originally place a value on their product is without doubt true. Recently a schizophrenic patient, who in many ways made a fair social adjustment, would periodically defæcate carefully into a piece of kleenex and carefully preserve the product in her dresser until she could graciously present it as a valued personal gift to her physician.

For many individuals the most important sublimation of this period is the 'making' of money. It is probable that one's attitude towards money is formulated by events in the anal stage but the earning of it is definitely related to this phase. Probably no other material product is so closely and universally equated to fæces as is money. This association is indicated in the fairy story of the goose that laid the golden eggs. It is recognized in the common expressions of 'rolling in wealth', 'stinking rich', 'a shitpot full of money', a 'pot' of gold, 'filthy lucre'. The depreciated value, i.e., the reaction-formation, is



indicated in such sayings as 'his name is mud', 'it isn't worth a shit', 'keep it and stick it up your ass'.

Another type of activity related to this phase may be that expressed in some musical interests, especially in rhythm or in wind instruments. The importance placed by parents on developing a bowel rhythm may enter into a heightened awareness of rhythm. The emphasis and excessive importance placed upon it by many adults lends further evidence to this assumption. The similarities between expelling air, grunting, 'breaking wind', and playing wind musical instruments have been frequently noted.

Sublimations must also include the mild reaction-formations to the soiling-smearing process, namely, cleanliness and neatness, both as applied to the person and his belongings. In addition, one should probably include the variations of this sense of appropriateness, namely interests in symmetry, proportion, gracefulness of lines, and perhaps in some degree the appreciation of artistic creations. An additional set of desirable reaction-formations includes the aversion for crudities, vulgarity, the despoiling of nature, the defacement of property, the thorough dislike of gossipers and scandalmongers.

*Reaction-Formations.* Reaction-formations resulting from the soiling and smearing stage in infancy include excessive interest in cleanliness of person and property, excessive hand washing and housecleaning, any of which may become compulsive and aggressive in content. A compulsive patient displayed dirt phobias which prevented him from taking baths for fear of contamination from the tub and permitted only rare bowel movements for fear of contamination from the toilet seat. His taboos reached such an excessive stage that it was necessary to force him to take a bath. In aggressive retaliation, he had an exceedingly large 'involuntary' bowel movement all over the floor of the bathroom.

A return of the repressed is shown by the individual who always presents an external appearance of great cleanliness but wears dirty underclothes. Similarly, some individuals keep the

INFLUENCE OF ORAL SUCKING	O.S.: Reaction against 1. Oral dependence 2. Oral prohibitions	Chocolate Eating Soiling words—pro- fanity Faecal-anal-rectal stories Looking at excreta Nose picking	Dietary fads Oral attacks Mud slinging 'Bag of wind' Coprophilic humor Sarcasm	Belch- ing 'Blow- hard'
ORAL BITING	O.B.: Reaction to guilt over oral aggressions			
	EVENTS IN INFANCY AUTOGENIC EXOGENIC	DIRECT CARRY-OVERS	SOCIALLY UNACCEPT- ABLE CHARACTER TRAITS	
	1. Sensuous pleasure in defecation Soiling 'Smearing'	Attention paid by parents and irritation of area by dia- per changing	Erotic gratification in defecation Flatus expulsion for pleasure with occa- sional soiling Reading on the toilet	Messiness Slovenliness Dirty personal habits 'Painting things red' Writing on toilet walls; carving name
ANAL EXPULSIVE	2. Megalomania with over-evaluation of product	Training begun in cleanliness, regularity  Depreciation of product but in- creased impor- tance of act	Importance of daily bowel movement 'Throne' Chic Sale Literature	Overemphasis on or- der, punctuality Excessive devotion to 'duty' ('duty' = defecation) Conceit Dominating attitude 'do all because no one else can do anything'
LEVEL OF APPRECIABLE REALITY ACCEPTANCE	3. Curiosity	Denial and punishment	Interest in product and act Relation to 'seeing' and 'listening'	Lack of initiative Inability to organize or classify
	4. Defiance		Diarrhoea and constipation from fear or anger Flatus expulsion as an aggression — 'Bronx cheer'	Daredevils, fool-hardy Passive aggression? Sit-down Strikers
	5. Holding on (to gain sensual pleasure and/or thwart parents)	Rewards Pleadings Persuasion Laxatives Enemas	Constipation as retaining a valued position	Procrastination Stinginess Pedantry Sensitiveness to interference Activity alternating with inhibition—as in housecleaning, letter writing
ANAL RETENTIVE	6. Giving to gain approval	Praise Love	Flatus and urinary expulsion contests	Extravagance Exhibitionistic Giving Giving as reaction to impotency
INFLUENCE OF PHALIC GENITAL	Repression of genital phase because of 1. Belief that parental intercourse is against 1. 2. Belief that it will interfere with his sensuality 3. Jealousy of parent and associated death wishes toward parent with consequent fear of retaliation 4. Fear of castration Partial Repression of genital phase development with production and creation of anal type without genital object relationship.		PERSISTENT ANAL PLEASURE ZONE Fore-pleasure in intercourse	Unproductive work-making 'a mess of things'



Fondness for laxatives Oratory ('diarrhoea of words') Satire?	Purity of speech—excessive	Stammering Spitting Vomiting Eruption
SOCIALLY ACCEPTABLE CHARACTER TRAITS	REACTION FORMATIONS	SYMPTOMS AND SIGNS
Creation in Making money Writing Musical inter- Handicraft est, especially Painting wind instru- Sculpture ments Aversion to Cleanliness signboards Inappropriate 'dirt' Nature de- spoiled	Overcleanliness Externally clean, internally dirty Overreaction to dirt Excessive purity re sexuality Excessive use of perfumes	Faces Playing Anal Perversions Dirt Phobia Anal Pruritus
Self-confidence Pride in production Orderliness Punctuality Conscientiousness	Inferiority feelings Excessive humility Sacrificial without ca- pacity to love Attention to details to detriment of major issues Pessimism	Megalomaniac delusions— wealth, power Aggressive behavior of smearing type Diarrhoea as aggression
Research Organizing Indexing Classifying Analyzing Scheduling Diagraming Exploring	Excessive or purposeless interest in statistics, indexing, classifying	Manic productiveness
Courage—"Guts" Bravery Perseverance	Indecision Timidity and meekness Lack of assertiveness Stubbornness and con- trariness Neurotic complacency	Persecutory delusions Soiling dreams & fantasies Mutism and negativism Constipation as inhibited aggression Vindictiveness Surliness
Collecting Thrift	Liberality without interest in cause or person Wastefulness	Sadism Parsimony and Avarice Compulsions and obsessions
Productiveness Philanthropy	Refusal to give lest one be accused or suspected of attempting bribery	Self-punitive or destruc- tive giving Thwarted giving
	Overproduction without interest further than in object produced	Constipation from fear of castration

exposed surface of a dresser or desk meticulously neat and leave the drawers in great disorder.

A reaction-formation to odor is sometimes the necessity to replace a bad odor with a good odor, i.e., the excessive use of perfumes. In such instances the exhibitionistic and sensuous factors enhance the value of the perfume to the individual. Three of four animal sources of perfume are perhaps significantly sexual in origin: musk is from a special secretory gland of the male musk deer; castor, from the sexual organs of both sexes of beaver; and civet, from the civet cat. The fourth, ambergris, is from the intestinal canal of certain whales.

The attitude of some people toward sexuality is definitely an anal conditioning of genitality. Sex for them is 'dirty', 'vile', 'nasty', and reacted to with compulsive purity and denial.

*Symptoms.* Symptoms directly related to the sensual pleasure period are also direct physiological or physical expressions, the act itself, the product, or combinations of these. Widespread are the perversions using the anus and rectum, as illustrated by anal intercourse, anal masturbation, and kissing. The vulgar expression of 'kiss old brown' or 'kiss my ass' are aggressive retorts. In one of my cases this act was the chief method the patient used to obtain erotic gratification.

The act as well as the product of defæcation is frequently tremendously overevaluated in certain neurotic individuals who are excessively interested in the frequency, quantity, form, color and consistency of their fæces and who make these observations their chief topic of conversation.

Particularly in schizophrenics and occasionally in depressed patients, one observes that the individual obtains obvious gratification from smearing or playing with fæces. One patient would defæcate on the floor and sit in the fæces. I have repeatedly observed patients who took delight in smearing their bodies with their fæces, or even eating them. In one remarkable instance the patient used her fæces and finger to write short jingles expressing her anal ideas:



Simpson, Simpson, find my chart,  
Find my chart today,  
Simpson, Simpson, when you fart  
Then you can run and play.

Simpson was the name of the nurse in charge and the chart to which the patient referred was missing. It was later found outside the patient's window, torn to pieces and wrapped in a paper napkin.

#### THE PHASE OF MEGALOMANIA

The chronologically second observable fact in infancy is the child's overevaluation of the content of the bowel, and the development of a sense of power over its parents, in yielding or withholding. The response of the parents is usually a depreciation of the product as something dirty, but they continue to emphasize the importance of proper performance of the act.

*Direct Carry-Overs Primitively Expressed.* Perhaps the most common primitively expressed carry-over from this period is the individual's interest in his own product, and in a great many individuals, the regularity of the procedure. Such individuals are not so erotically satisfied by the procedure, apparently, but they place tremendous emphasis on the act. Failure to have a daily movement results in anxiety of some degree and often in other psychological and physical symptoms of a hypochondriacal nature.

There are many examples of this overevaluation of both the product and the act in the form of caricatures and colloquialisms. The fæces are occasionally referred to as being a 'golden' brown, and the toilet is commonly referred to as 'the throne'. In both these instances there is the association of power and money. The anal erotism of the average individual is catered to through such widely circulated publications as 'The Specialist', by Chic Sale, which is a humorous sketch of 'the champion privy builder of Sangamon County' and describes the building of a 'four-holer and the eight-holer'. A recent very similar publication by Greer is entitled 'Gems of

American Architecture'. It carries illustrations of various types of outdoor toilets with humorous descriptions of each. The word 'gems' in the title equates to wealth and power. In a similar vein is a poem by James Whitcomb Riley on 'The Passing of the Backhouse', which ends with the lines:

But ere I die I'll eat the fruit of trees I robbed of yore  
Then seek the shanty where my name is carved upon the door.  
I ween the old familiar smell will soothe my jaded soul,  
I'm now a man, but, none the less, I'll try the children's hole.

*Socially Unacceptable Character Traits.* Undesirable character traits resulting from the parental emphasis upon the importance of the eliminative act include excessive emphasis on order and punctuality, excessive devotion to duty—'duty at any cost'—meticulousness and excessive attention to details. 'Duty' and 'job' are commonly used in childhood to refer to defæcation. An attempted solution to the resulting inferiority feelings may be seen in those conceited individuals who have to dominate all situations, who carry the attitude of 'I must do everything because no one else can'.

*Socially Acceptable Character Traits.* The healthy expression in adulthood of the infantile anal megalomania is represented in self-confidence and capability, though both these traits are later associated with genital character development. The narcissistic pride in the capacity to produce and create begins in the anal phase, and in some individuals the production and the product are always more nearly equated with fæces than with a baby. As a result of the parental depreciation of the product and their emphasis on the act, the individual finds sublimations for this attitude in orderliness, in punctuality and conscientiousness.

*Reaction-Formations.* Reaction-formations in this phase appear as various forms of denial of the megalomania, or in a few instances as a distortion of its development. Most characteristic are feelings of inferiority, a self-depreciatory attitude, the belief that the individual cannot do anything, or that what



he does is of little value. Various compensations for such feelings may include the assumption of a sacrificial attitude with a failure in the capacity to love. Excessive humility may be another form of compensation and pessimism may have its origin from the suppression of the individual's own confidence (megalomania). A further distortion resulting is shown in those individuals who pay great attention to details to the detriment or even neglect of the major issue at hand.

*Symptoms.* The characteristic symptom resulting from the infantile megalomaniac stage is psychotic megalomania. This may be represented in the ideas of grandeur (where most often money or gold or gems are again equated with fæces) or in ideas of power. Ratliff's case, a young man with schizophrenia, developed delusions about his ability to destroy and control the environment through his excretory functions. The genital phase of psychosexual development undoubtedly influences the formation of megalomaniac delusions, though their particular form may be primarily anal in character. One should include in this stage those symptoms of aggressive behavior of the swearing type, both literal and figurative. Diarrhoea as an aggressive tool should be included.

#### PHASE OF CURIOSITY

It can be observed that the infant examines its excreta, is interested in the act, and manifests a curiosity about other individuals. The child observes that mother sits down on the toilet to urinate and that father stands up. Similarly the little child may exhibit more interest in the defæcation of the younger or older siblings than, for instance, any genital interest. This curiosity is usually responded to by the parents with a prohibition, and all too frequently with punishment. From the child's point of view, the parental prohibition makes the curiosity compulsive and later leads to defiance.

*Direct Carry-Overs Primitively Expressed.* In childhood this curiosity is expressed in an interest in how other people function on the toilet. In proportion to the familiarity with dif-

ferent animals, their methods of elimination are of interest to the child and, less overtly, to adults. The interest in watching the hen lay an egg and, in some instances, the curiosity of the adult to observe childbirth have their origins from this infantile stage. The close connection between peeping and anal curiosity is acknowledged in the popular rhyme:

The eagles they fly high in Mobile,  
The eagles they fly high in Mobile,  
Oh the eagles they fly high  
And from way up in the sky  
They shit squarely in your eye, in Mobile.

In addition to peeping, children often evidence much interest in listening to others in the toilet. One of our patients who became an accomplished musician recalled vividly this interest in childhood. He became able to identify the individual in the toilet by the sounds emitted. The general interest in the timbre, pitch, and quality of flatus is illustrated in the widely known story of the classification of flatus into 'a fizz, a fuzz, a fizz-fuzz, a teary-ass, and a rattler'. Listening, jingles, and the onomatopoeia, are often gratifications of anal interest.

*Socially Unacceptable Character Traits.* Character traits from the original infantile situation which result from a failure to develop curiosity are probably accountable for a lack of initiative, for indolence or laziness. Such an idea is suggested by the familiar expression, 'he has too much lead in his ass'. It may account in part for an individual's inability to organize his thoughts or his plans, or to classify or catalog his ideas. Theoretically, one might speculate that in such instances the anal curiosity was suppressed or greatly limited.

*Socially Acceptable Character Traits.* Anal curiosity becomes intimately linked with influences from the genital phase in its expressions as sublimations in the adult. It is probable, however, that careful attention to details in planning, meticulous and precise research, particularly of a statistical nature, and enjoyment of organizing, primarily represent anal sublima-



tions. In addition, one might include the satisfaction obtained in indexing, classifying, diagramming, scheduling, analyzing. The root stem of analyzing is *anal*, though *analyze* comes from the Greek root *ana*, meaning 'back' and 'anus' from the Latin word *anus* meaning ring. Exploring, while it shows genital influences, is associated with anal curiosity and is paralleled especially by the fascination for caves and the lure of 'buried treasure', and obviously symbolizes the curiosity for both the concealed passage and the valuable faeces. In this connection, Jones (6) quotes from Book VIII of *Paradise Lost*,

Where men, taught by Mammon,  
... with impious hands  
Rifl'd the bowels of their Mother Earth  
For Treasures better hid. Soon had his crew  
Op'n'd into the Hill a spacious wound  
And dig'd out ribs of gold.

*Reaction-Formations.* Probably excessive interest in any of the sublimations mentioned above may represent reaction-formations and compensations for frustrated anal curiosity, exhibited in superorganization, bibliographic manias, the excessive use of quotations.

*Symptoms.* One can only speculate regarding symptomatic expressions of anal curiosity. I am often impressed with the interest manifested in some neurotic individuals, not only regarding their elimination processes, but their investigation and enumeration of other physical complaints in a compulsive fashion. In manic reactions, the individual's capacity to 'take in' and 'eliminate' his environment with lightning speed is closely parallel to his faeces-equated stream of volubility, which in actuality is often a stream of 'soiled words'.

#### PHASE OF DEFIANCE

The direct result when the parents refuse to permit the child gratification and interest in his excretory products and the process, is defiance on the part of the child. The defiance and resentment may also in part be due to the parental failure to

appreciate the product. The most common expression of this in the infant is the refusal to perform while on the toilet, but immediately to perform at an inappropriate time after the parent has given up. This infantile expression of defiance is usually an accentuation of the earlier experience of power that the child has over the parent, and as a consequence, an increase in importance to the child of the whole evacuation procedure. This phase is an aggressive one, though even in the infant it is distinctly ambivalent in the choice between expressing his own power and the opportunity to gain love. It is intimately associated with fear, first of the parent, and later of the superego.

*Direct Carry-Overs Primitively Expressed.* In primitive expressions of this defiance the ambivalence mentioned above is recognized both as a psychological fact by the layman in the vulgar expressions of 'scared shitless' and 'it scared the shit out of him', and as a physiological response in the forms of constipation and of diarrhoea in response to fear or anger. The defiance element is expressed directly by flatus when used aggressively, and is best recognized in its oral-anal expression, the 'Bronx cheer'.

*Socially Unacceptable Character Traits.* Undesirable character traits in the period of defiance include attempts to defy everything and everybody. Such individuals are foolhardy; they take chances and risks against great odds. This group includes the daredevils, the stunt fliers, the automobile racers, the 'human flies'. Another type of character reaction to defiance is exemplified in what is termed 'passive aggression'; it is presumed that the individual is afraid to be actively aggressive, and though he agrees to certain plans or contracts he fails to carry them out. The best recent examples of passive aggression are exhibited in the 'sit-down' strikes.

*Socially Acceptable Character Traits.* Probably from this period when the child learns self-expression even in the face of fear or threatened danger, there arise the admirable character traits of courage, bravery, persistence, perseverance. These



traits are intuitively recognized as belonging to the anal period of psychosexual development through the slang word of 'guts' meaning courage, and more often unwarranted intrusiveness. Similar expressions include 'intestinal fortitude', the inability to 'stomach' something, the phrase 'he makes my ass tired', all of which refer to these character traits in an approving manner, or to the lack of them in a disapproving manner.

*Reaction-Formations.* The reaction-formations resulting from this period of defiance are expressed very largely as the result of the ambivalence caused by the fear. Such individuals show indecision and timidity; they lack force and assertiveness. The meekness of the Uriah Heeps falls in this category. Another phase of the failure to solve the same problem is shown in the character traits of contrariness, always insisting on doing the opposite of what everyone else wants to do, or in being stubborn or obstinate. The person may show surliness, be inclined to be cantankerous, or show vindictiveness, but all of these might more accurately be regarded as symptoms.

*Symptoms.* In symptoms resulting from disturbances of this defiance phase one further sees their conspicuously ambivalent nature. Particularly is this true of the anal components of persecutory delusions which has been discussed by Stärcke(12), van Ophuijsen(13), Bender(14), Berkeley-Hill(15) and many others. The obvious explanation is that the excretory act in these instances is connected unconsciously with hostile attacking tendencies which cause fear of retaliation, a denial, and finally a projection, of the hostile tendencies in the form of persecutory delusions. The psychotic individual often indicates by his remarks an unconscious insight into the relationship between the delusions and his excretory functions. Some comments of psychotic paranoid patients are quoted from the paper by Alexander and myself(16), A Study of the Relation of Persecutory Delusions to the Functioning of the Gastrointestinal Tract. In these instances the patients frankly indicated that they did not want to assume the responsibility for their bowel movements, because of their destructive significance: 'The

radio does it.' 'There are wires in it.' 'I can't take laxatives because they don't do any good.' 'It is all controlled by an urge from some general system.' 'My bowels are directed by forces outside myself.' 'I have only scientific movements.' It is recognized that these aggressive tendencies are probably only secondary defense reactions against the patient's denied and rejected passive homosexual desires.

Mild paranoid tendencies are sometimes present in the psychoneurotic individuals whose dreams are often very frankly of an anal-soiling type. As an example, one of my patients dreamed that she expelled flatus in the presence of a group, and was highly elated over it. Another patient dreamed that he had gone to the toilet, filled it with *fæces* and then let it run over so that his brother would have to clean it up. A third patient repeatedly dreamed of toilet scenes in which she threw *fæces* at various individuals in the environment. Such patients frequently indicate these trends in their colloquial language by the use of such terms as 'messing around with it', 'it was grand, and all that stuff', 'we were throwing bricks at each other like a couple of kids', 'I wouldn't take that kind of crap from anybody', 'I piddled around without accomplishing anything'.

Constipation frequently occurs in such individuals (both psychotic and psychoneurotic) as a representation of inhibited aggression. Symptoms of mutism and negativism in acutely psychotic individuals are probably related to this period of defiance.

#### PHASE OF SENSUAL PLEASURE IN RETENTION

For the infant the immediate result of the defiance is perhaps originally a mechanical one, namely, the satisfaction that he must gain in retaining his *fæces*, even though at first he does this as a means of retaliation against his parents. The gratification obtained from the feeling of having a full rectum, plus the secondary gain of expelling *fæces* only if and when he wishes, serves the child as a source of both erotic and aggressive gratification. The parents in too many instances respond to



this 'holding-on' process by punishment or pleadings, persuasion, or in some cases by giving laxatives and enemas. This may lead subsequently to 'accidents' of soiling, or occasionally this is skipped to go directly to the subsequent phase of giving to gain approval.

*Direct Carry-Overs Primitively Expressed.* Constipation in some instances represents the direct carry-over of this holding on process, when the unconscious regards the fæces as a valued possession. In such individuals one often finds a tendency to repudiate obligations. It is as if they say, 'I do not receive anything from others, and therefore, I do not need to give; indeed, I have to cling to what I possess'. In the analysis of psychoneurotics, one often finds the individual attributing to the excrement the significance of potency, and for that reason there is a psychological tendency to retain the excrement.

A pertinent example of the regard for fæces as a valued possession is seen in certain primitive South African tribes described by Laubscher(17). The excrement of cattle is of great importance in native culture: it is scattered over the sacred cattle kraal at childbirth; it is used for decoration of the face by members of the bridal party; it is of therapeutic value as medicine and poultices. The crop harvest is sealed in a subterranean chamber with wet cow-dung as a means of obtaining ancestral blessing. The select and dignified meeting place for spirits of the ancestors is the cattle kraal, made sacred by the fæces, and the latter serves as a valuable gift to the ancestors.

*Socially Unacceptable Character Traits.* Undesirable character traits expressed as a result of this infantile period represent variations of the holding-on process, and also show its significance as a method of offending or hurting others. Procrastination expresses ambivalence as to whether he should give up or whether he should retain, but accomplishes the purpose of retention. Stinginess and also miserliness are examples of gratification in holding on and refusing to give. Sadism in its various forms is directly related to the satisfaction which the individual gets by refusing to give up and thus hurting or

offending others. Thus, in sadism the cruelty or hurting element of holding on in the passive process is converted into an active, aggressive element. Collecting may become a mania, though it may be expressed in various forms. A friend of mine collected every sort of material—string, wrapping paper, cans, boards, trinkets of all sorts—always with the rationalization that ‘some day they would come in handy’. Another patient had a common modification of this collecting habit applied to his mail. He received many letters but would refuse even to open them until a number had accumulated, often for a matter of weeks, and then would suddenly open them all at one time. Similarly, he used to collect all sorts of catalogues and papers and magazines, and periodically have a wholesale housecleaning.

*Socially Acceptable Character Traits.* The two most valuable character traits expressed in the adult as a result of this period when the child wants to hold on to his belongings, are collecting and thrift. In both instances the gratification is obtained by saving something. In the case of collections, the material collected is directly equated to *fæces*, and insofar as thriftiness may be expressed in the hoarding of money, the money is also equated with *fæces*.

*Reaction-Formations.* Reaction-formations to this particular trait are difficult to discern, except as the failure to save or preserve anything represents the reaction against the holding-on process. Occasionally one finds a very liberal individual who, however, has no interest whatever in the cause or the person to whom he gives. I had one patient who gave away thousands of dollars to various people for various causes, but never had any sincere interest in the gift and had no explanation as to why he gave it. He would explain that he just had no emotional feeling about the situation, and anybody could exploit him in this manner. He did not have the ‘will power’ to refuse. Wastefulness is sometimes a reaction formation against ‘holding on’, very often with an aggressive content.



*Symptoms.* Most of the character traits of the maladjusted individuals cited above frequently become symptoms. Particularly is this true when stinginess turns into parsimony, and greed becomes miserliness. The most important symptomatic expressions of this ambivalence and holding on and retaining are expressed in the form of obsessions and compulsions. In these symptoms it is apparent that the individual sets up a private system of morality which is first expressed by a repressed wish, and then followed by symptomatic penance or atonement.

#### THE PHASE OF GIVING TO GAIN APPROVAL

In the course of normal events the average child learns that it is 'mama's big boy or girl' if it delivers promptly when placed on the pot. Sooner or later it very distinctly gains the impression that by evacuating it wins approval, and uses this method as a source of gaining love and attention. By so doing it must of necessity renounce to a considerable extent the sensual pleasure, the soiling, and smearing satisfactions, forego its megalomania, overcome its defiance, and learn to give graciously. The immediate result, which is a part of the whole procedure, is that the child receives praise and affection from its parents.

*Direct Carry-Overs Primitively Expressed.* Direct carry-overs primitively expressed are exemplified by flatus expulsion contests in childhood. It is expressed in the following rather common occurrence: a patient was asked if he needed a laxative and answered, 'No, I had a wonderful movement'. In return he expected to be commended.

*Socially Unacceptable Character Traits.* The direct carry-overs of this phase into undesirable character traits include extravagance, and the exhibitionistic givers who give with the conscious expectation of receiving praise, and the calculating individual who gives only with the idea that he will receive.

*Socially Acceptable Character Traits.* The sublimated representatives of this giving in order that the individual may

receive praise and love are most conspicuous in philanthropy. Presumably the individual gives for the satisfaction of receiving mass approval. In addition, sacrificial giving is a form of sublimation in which the feelings of inferiority are compensated for by the added approval. Thus, the widow's mite because of the sacrificial spirit may be more praiseworthy than the wealthy man's gift. Production is a valuable character trait, and its equation to this phase of infantile life is recognized by the layman in such phrases as 'he can do his stuff', 'he will deliver the goods', 'you can count on him to deliver'. Both praise and giving to gain approval are implied in such remarks.

*Reaction-Formations.* On the supposition that this phase in infancy takes place, no direct reaction-formation would result. In the event, however, that the individual is frustrated in the amount of love he receives, it is probable that he regresses to the period of defiance and his attitude is expressed in the syllogism: 'I do not receive; therefore, I do not need to give'. The refusal to give lest one be accused or suspected of attempting bribery might be regarded as a type of reaction-formation.

*Symptoms.* The distortion exhibited in extravagance or exhibitionistic giving may reach a place where the individual is actually self-destructive and gives away what he needs for himself. Probably always there is the aggressive, hostile element in such a procedure towards those whom he deprives by his giving.

Another type of giving in which the giver intends to frustrate the recipient may be regarded as symptomatic. It is best illustrated in the fable of the fox and the stork who graciously entertain each other at dinner, only to serve the food in such a manner that the other cannot eat it.

### SUBSEQUENT EVENTS

Most infants go through the experience towards the end of their anal phase of development of having occasional 'accidents' of soiling. This can hardly be regarded as a separate phase



but it is worthy of special comment. In general, these are the result of fear, but perhaps in some instances of momentary regressions to purely erotic gratification, occurring either while awake or asleep. In any event, it is assumed that they are frequently momentary returns of defiance to the demands of the all-powerful parents to give up this form of gratification. On the basis of having 'accidents' they can continue periodically to defy the parents. A common direct carry-over expressed primitively occurs as accidental flatus expulsion. One might also include those 'accidents' that occur in adulthood under circumstances in which the individual contributes by failing to empty the bladder or rectum until it is too late. Undesirable character traits are shown in those individuals who are disturbed by a failure in a minor detail, who have to be 'just in the mood' to enjoy a particular situation; if some trivial thing is out of place the whole situation is spoiled. Perhaps one might include also forgetfulness as related to this period in infancy. It is questionable whether there are any sublimations of 'accidents' and the ones here suggested are probably more nearly valuable reaction-formations, namely, preparedness, cautiousness, conservatism. Perhaps one might regard gratuities as a sublimated valuable 'accident'.

As if to avert 'accidents' some individuals must use extreme caution in all circumstances; also, they caution everyone else. Such individuals must study all night before an examination; they must begin to prepare for a summer vacation at Christmas time. It may be from the reaction-formation to these soiling accidents that in part the crusading spirit to 'save the world and the people in it' from their own accidents is inspired. Another form of reaction-formation may be compulsive giving which is closely related to the 'salvationists'. Such people frequently give a great deal of advice and often much time, but usually far out of proportion to what they may be able to give in a material way, and often far out of proportion to the social value of the cause. Another type of individual who has to develop a reaction-formation to the danger of accidents must continually prove to himself his power of self-control. Periodi-

cally he must stop smoking 'to show that he can'; he must take cold showers regularly; he must adhere to a self-imposed diet; he must carry out a ritual of exercises daily to 'keep himself fit', to 'keep himself in condition' for some emergency.

The Institute for Psychoanalysis in Chicago has come to the conclusion (11) that chronic diarrhoea may be the expression of an aggression, and as such is accounted for as a compensation for oral desires and aggressions; thus the diarrhoea is a means of restitution. It is also theoretically possible that unintentional accidents perpetrated by one person upon another may be momentary expressions of regression to anal sadism.

### INCEPTION OF GENITAL PHASE

When the infant learns to give to gain approval he has learned to make his first renunciation. This is the beginning of the superego. Undoubtedly, every child must pass through a period when the renunciation of its overt anal gratifications must be largely denied by its own superego, with adequate repression of these and subsequent sublimations and reaction-formations to them. Following his initial learning to give to gain approval one can assume that there is an indefinitely long period during which this repression with alternate methods of expression is established. I do not believe that one could specify character traits that would arise during this period, except as they are connected with earlier experiences.

While the facts are not clearly observable in infancy, one is justified from a study of adult neurotics in assuming that there are many influences exerted on expressions of the anal phase by anticipation of the genital phase. The child has some stirrings of the genital phase while he is still in the anal phase, and under such circumstances various factors appear which may completely suppress the development of the genital phase, or may possibly suppress its appearance with the subsequent expression in adulthood of production and creation on an anal level without a genital object relationship. There are at least four possible factors that may cause this suppression, with



the resulting aversion to genital sexuality: (1) the infant may conceive of genital sexuality as something in which parental intercourse indicates two against one, namely his parents against himself, and for this reason he must reject genital sexuality; (2) the infant may conceive of genital sexuality as a way of interfering with his anal sensuality; (3) the infant may develop jealousy with death wishes against the mother (or the father), with the necessity for his maintaining his anality; (4) it may be possible that the fear of castration is a factor that drives the child back from genital sexuality.

The influences of anal sexuality on accepted genital sexuality are numerous, and probably should include many of the sublimations and the milder reaction-formations that have been mentioned. When genital sexuality is partially repressed in those who might be regarded as anal characters, one often sees an unproductive sort of work in which the individual makes a task of everything and frequently 'makes a mess' of many things that he attempts to do. In other anal characters we may find a reaction-formation in which there is an overproduction, but without any interest further than in the object produced, namely, no genital object relationship and evaluation. For such individuals constipation represents a defense against the fear of castration.

### SUMMARY

An attempt has been made to analyze the events occurring in the anal phase of psychosexual development, and to correlate the adult expressions related to these infantile experiences. In addition, consideration has been given to the complicated relationship between the oral, anal and genital psychosexual phases of development, with particular attention to the influence of the anal phase on each of the other two. On less certain ground is based the consideration of the oral influences on the anal phase, an influence which certainly exists in potent form, as illustrated in a reaction of guilt over oral aggressions which is subsequently expressed by diarrhoea. In such an instance the oral expression determines the anal response. Similarly, it is

probable that anal aggressions might be substituted for abortive oral aggressions.

From this study one is compelled to question the importance of the primal scene as the first object of the child's curiosity. On the contrary, it seems quite possible that his fear concerning the primal scene may be an example of the repetition compulsion—a reënactment on a genital level of something expressed already on an anal level. It very possibly is connected with the child's curiosity to see the parents urinate and defæcate, and theoretically possible that still earlier the child had a curiosity about how the parents ate. This is suggested by the well-accepted fact that the child has fantasies about eating his parents, and the possible fear that his parents might eat him. Thus, the importance placed upon the primal scene may be antedated by a curiosity as to how the parents eat, and then repeated with regard to excretion, and finally with the primal scene.

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## TRANSFERENCE AND ANIMAL MAGNETISM

BY RAYMOND DE SAUSSURE (NEW YORK)

The essential elements of hypnotism were known before Mesmer introduced it in Vienna about 1775, but it was only after it had gained him power and success that medicine condescended to study its phenomena seriously. Several writers had stated as early as 1784 that magnetism was a form of persuasion. Not until the end of the nineteenth century did a majority of psychiatrists accept this truth which had been restated by Bernheim. In 1812 Deleuze had noted of a number of patients that, when in a magnetic trance, they knew things about their pasts of which they were entirely unaware when awake. In 1784 the nature of transference was described. A century later, Freud found in it a psychotherapeutic instrument and discovered psychodynamics.

Toys on a table in a kindergarten will cause no disturbance among the children unless one child takes possession of one and begins to play with it. Immediately, all the other children will try to seize it. They see in it a means to power, whose possession would increase their own security. The history of science shows that scientists act much like children, although the objects seized are not toys but ideas. New doctrines are espoused dogmatically as a means of consolidating power. The older generation, feeling their power threatened, attack them with equal passion, and in this emotional struggle truth progresses slowly. A hundred years from now psychiatrists will smile indulgently at the difficulty we now have in distinguishing, among the mass of ideas introduced by psychoanalysis, the true from the false.

The sexual character of transference was first stated in a secret report to Louis XVI on animal magnetism by Bailly. In the course of an inquiry into magnetism which Louis XVI caused to be made, two reports were included, one of which



was published; the other, addressed to the King, was kept secret. De Montègre published extracts from the latter in a brochure entitled, *Concerning Animal Magnetism*,<sup>1</sup> from which the following is quoted.

‘Certain of these attacks are produced by a hidden but natural cause, one which certainly produces emotions to which all women are more or less susceptible. Their cause is the power which nature has given to one sex to attract and move the other. The relationship which is established between the magnetizer and the woman who submits to his action is doubtless only that of a patient and her doctor, but that doctor is a man. Whatever the illness may be it does not deprive us of our sex, nor remove us entirely from the power of the other. Sickness may weaken such impressions but it cannot utterly eliminate them. Moreover most of the women who go to the magnetizer are not really ill; many go from idleness and to amuse themselves. Others who may have some trouble with their health have none the less kept their freshness and their strength, their senses are whole, their youth has all its sensitivity, they are charming enough to influence the doctor and well enough to be influenced by him; therefore the danger is reciprocal. Long continued proximity, close contacts, personal warmth which is mutually communicated, mingled looks are the well known channels of nature, the means which she has always at hand to bring about an exchange of feelings and affections. The magnetizer usually holds the woman’s knees between his own; consequently all the lower parts of the body are in contact. His hand is laid on the hypochondrium or sometimes lower; touch is therefore used on many parts of the body, and particularly on those which are most sensitive. Often the man who has his left hand on the patient puts his right behind her body, and the tendency of both is to lean forward in order to make the contact easier. Proximity becomes as close as possible; the faces almost touch, the breaths mingle, and all physical impressions are immediately shared; thus the reciprocal attraction of the sexes must act with full force. It is not strange that the senses should waken, and the imagination, acting at the same time, bring a certain disorder to the whole machine. Judgment is put to sleep, attention distracted,

<sup>1</sup> de Montègre, A. J.: *Du magnétisme animal*. Paris: Colas, 1812.

and women do not realize what they feel; they are unaware of the state they are in.'

The suppressed portion of the text is as follows:

'When this kind of attack is approaching the face reddens, the eyes light up, and this is the sign by which nature announces desire. We see the woman lower her head, lift her hand to her forehead and her eyes to cover them, for habitual modesty, watching over her, makes her wish to hide. But the attack continues, her eyes wander, an indisputable sign of the complete disorder of the senses. This disorder may not be perceived by the one who feels it, but it does not escape the observation of doctors. As soon as this sign appears the lids moisten, the breath becomes short and spasmodic, the bosom rises and falls rapidly. Convulsions follow as well as sudden motions of the limbs or the whole body. In sensitive and ardent women the end of the sweetest of emotions is often a convulsion. After this comes languor, depression and a kind of sleep of the senses which is necessary after violent agitation.

'It can readily be conceived why this convulsive state is not at all unpleasant, but seems natural to those who have experienced it, why no painful traces of it, no unpleasant memories remain, why women feel the better for it and have no repugnance for feeling it again.

'Since the emotions they have felt are the germ of affections and preferences, we can see why the magnetizer inspires such attachments. Doubtless many women have never experienced these things, others were unaware of what they were feeling. The more honest they are, the less they suspect. It is said that several have perceived it and given up the magnetic treatment, but those who are unaware should be warned.'

The committee's conclusions were as follows:

'Magnetic treatment must infallibly be dangerous to public morality, for those emotions, which have a natural charm, experienced almost in public among other women who also experienced them, are not alarming. Women stay, they come back, and they only realize the danger when it is too late. Exposed to this danger, strong women give it up, but weak ones can lose their morality and their health.'

It is not only the sexual nature of the hysterical attack which is described in this text but also the sexual nature of transference; for Bailly believes that it is during this erotic abandon, during the sexual submission, that the patient becomes suggestible, ready to accept the advice of the doctor.

Bailly's hostility to magnetism was not without justification. He exposed the danger of public seances in which an uncontrolled erotic atmosphere was created which by contagion lead to epidemic convulsions. Three years later Puységur pronounced himself against mesmeric convulsions and commended somnambulistic sleep. Puységur's opinion was sufficiently authoritative to put an end to further investigation of mesmerism. Mesmer believed that a magnetic fluid passed from the magnetizer to the patient. The phenomenon which particularly attracted his attention was the knowledge which the patient often possessed in the somnambulistic state about the course of his illness. Certain patients, even among those suffering from organic disease, could describe beforehand the various stages of their cure, and suggest the remedies which best favored it. Interested by this, Puységur attached little importance to the transference; yet he was conscious of the part which feelings play in disease.

'I am sure', he wrote, 'that apart from science and experience, it cannot be without importance to be nursed when we are ill by a doctor and a nurse who are attentive. Several cavalry officers have told me a fact which struck me by its analogy with my own observations. When in any regiment a horse is seen to grow thin without any apparent illness, it is customary to change its rider. One man will keep his horse in good health by the affection he feels for it, while in the hands of another man the same horse may grow thin and fall ill. If this is a fact, as I have many reasons to believe, we must necessarily conclude that the affections of those who are habitually around us are useful to our health and happiness.'<sup>2</sup>

Deleuze, the best of Puységur's pupils, noted and stressed the importance of what we call the countertransference.

<sup>2</sup> Puységur, Marquise de: *Mémoire sur le magnétisme animale*. London, 1786, pp. 406-407.



'In order to act effectively', he wrote, 'the magnetizer must be attached to the person who needs his care; he should be interested in her and have the desire and hope of curing or at least of relieving her. . . .

'The type of instruction which I have advised is particularly appropriate for mothers who have very young children. What is taught them seems analogous to what they do naturally to relieve their babies when they suffer, and as they identify themselves with the object of their solicitude and nothing can distract them from the will to do good, one need only to win their confidence for them to develop all the qualities necessary to be effective mesmerizers.'<sup>3</sup>

Deleuze here approaches the freudian discovery of the identification of the successful psychotherapist with the patient. He is conscious of the erotic link which underlies magnetism, and of the necessity for being aware of it and utilizing it for therapy.

'I believe', he writes, 'that the magnetizers have too much self-respect ever to allow themselves the least gesture which might wound modesty, and put away every thought which would be foreign to the avowed object, but the very effort made to drive away improper ideas distracts from the aim which should absorb the attention. They must, then, mistrust themselves, and fear alike the impressions which they may feel and those which they may produce, and take beforehand such precautions as will ensure the purity of actions which bears at once on the physical and the moral person.'<sup>4</sup>

'We often see insane people benefit by being with certain individuals who dominate them naturally, and to whom they submit without resistance; these are the people who could most readily cure them. Those who frighten or repel them would not succeed.'<sup>5</sup>

'Magnetism, when it is accompanied by somnambulism, usually gives the somnambulist a strong affection for her magnetizer, and this affection continues in the waking state even after the treatment is ended. I know that this affection is of a kind that we feel for our nearest kin and contains nothing to wound modesty but it is

<sup>3</sup> Deleuze, J. P. F.: *Instructions pratiques sur le magnétisme animal*. Paris: Dentu, 1825, p. 70.

<sup>4</sup> *Ibid.*, p. 269.

<sup>5</sup> *Ibid.*, p. 232.

contrary to conventions that a young woman should have a strong affection for anyone but her father, her uncles and her brothers. If she has such a feeling, she is obliged to moderate it and above all not to express it, in order to respect decency.' <sup>6</sup>

'Finally the magnetizer sometimes produces, in nervous maladies, spasmodic motions or other attacks which it is not decent that a man should witness, and which he cannot use the means best fitted to quiet.' <sup>7</sup>

After reading these passages, one realizes the great service Freud rendered by analyzing this transference, removing it as an obstacle between doctor and patient, thus making possible its utilization for psychotherapy.

In the same period, Virey <sup>8</sup>, a Parisian doctor, not content with isolated observations, tried to develop a theory of transference.

'Magnetism', wrote Virey, 'is nothing more than the result of natural, nervous emotions produced by imagination and affection between different individuals and principally by those which arise from sexual relations.' <sup>9</sup>

'By magnetism or any other enchantment a great friendship is established, a sense of sympathy between the doctor and the patient, or the kind of instructive relationship by which we are drawn to some people rather than to others, just as there are spontaneous antipathies which are antimagnetic. Everyone knows the relationship which love creates between the sexes. It is a highly animal magnetism and it was well known before Mesmer.' <sup>10</sup>

'Thus, in love an assimilation of sensitivity as well as a close sympathy is established between the two characters which makes them able to feel together up to a certain point, even at a distance. . . . A somnambulist is docile to the will of her magnetizer; she submits and harmonizes her with his motion, his ascendancy, which directs in this way the chain of thought of the being who is subordinated, or rather abandoned, to the action of

<sup>6</sup> *Ibid.*, p. 169.

<sup>7</sup> *Ibid.*, p. 170.

<sup>8</sup> Virey, Jean Jacques: *Examen impartial de la médecine magnétique*. Paris: Panckoucke, 1818.

<sup>9</sup> *Ibid.*, pp. 23, 24.

<sup>10</sup> *Ibid.*, p. 20.

the mover. This communication is so intimate that before the magnetizer speaks the somnambulist has, as it were, guessed his way of seeing and thinking, which astonishes those who witness this marvelous harmony.' <sup>11</sup>

'Who does not know', asks Virey, 'what influence the caresses of love have between people of different sexes? But great power can be observed even in those of mere tenderness between people of the same sex. I know not what penetrating fire affects parts of the body where moves a friendly hand electrified as it were, charged with the whole power of the will. Thus for the most part magnetism is attached to the magnetizer as to a caressing angel, a being sublime in his beneficence.' <sup>12</sup>

While Bailly in his report had tried to discredit magnetism by unveiling its sexual nature, this presented no obstacle to Virey in developing his theory of transference.

'Far from weakening the position of the magnetizers', he states, 'we have given them new sources of strength which they had not themselves pointed out or found. We have shown the real action which sensitive beings exercise upon each other and the prodigious effects which can result from it.' <sup>13</sup>

Virey's opinion found little support from other magnetizers. Their arguments are summarized in a passage from Foissac.

'The general feeling of gratitude and affection towards him who has given us back our health is too natural for us to blame the patient who yields to it; but to imagine that it might become too widespread is to show little knowledge of the human heart! If somnambulists have been known to love their magnetizer I am convinced that the conditions of this attachment existed before magnetism was resorted to, that they were inherent in the nature of the individuals and established between them a sympathy which needed only the usual relationships of life to develop.' <sup>14</sup>

Virey, however, was not the first to estimate the hypnotic relationship in terms of what is now called transference. In

<sup>11</sup> *Ibid.*, p. 76.

<sup>12</sup> *Ibid.*, p. 65.

<sup>13</sup> *Ibid.*, p. 79.

<sup>14</sup> Foissac: *Rapports et discussions de l'Académie de Médecine sur le magnétisme animal*. Paris, 1823, pp. 390-391.



1787 Charles Villiers published anonymously a book which he called *The Magnetist in Love*.<sup>15</sup> This booklet, written in the form of a novel, was not the usual erotic romance of the eighteenth century, as its title indicates. In it the author stated that magnetism is not the result of a physical agent, as Mesmer and Puységur supposed, but is due to an affective relationship between the doctor and his patient. Unfortunately, copies of this work cannot be found either here or in France. Deleuze in his *History of Magnetism*<sup>16</sup> gives a summary of it.

'The soul by the strength of the will can act upon another organic being. All that is needed for this is to think strongly of that being. Then the motion to which it gives rise unites with the motion of the soul on which it wishes to act, fortifies or moderates it, and makes it more regular. This is all that magnetism is. It consists of an energetic concentration on the patient with a strong will to cure her. The proceedings used may help this action, but they are not essential; they merely serve to fix and direct the attention. For one soul to act upon another, the two souls must be in a measure united, they must coöperate for the same result and have common affections. What is the greatest wish of a sick person? It is to be cured. I must, then, have the will to cure a patient in order to act affectively on him. The magnetizer is active, the magnetized is passive; hence is born the ascendancy of the former over the latter. . . . In the state of somnambulism the will of the magnetizer acts conjointly with that of the somnambulist, and as the first brings more energy into it, the second executes because it has become its own will.'

This historical material presents the evidence that the early investigations of the nature of animal magnetism led to the conclusion that the effective agent, in the relationship between the magnetizer and his subject, is in some respects, and in a grossly exaggerated form, the essential content of one aspect of the (positive) psychoanalytic transference which, understood and utilized as a therapeutic instrument, became the means by which Freud evolved psychoanalytic psychotherapy.

<sup>15</sup> Villiers, Charles: *Le magnétiseur amoureux*. Geneva, 1787.

<sup>16</sup> Deleuze, J. P. F.: *Histoire critique du magnétisme animal*. Paris: Mame, 1813, Vol. II, p. 102.

# AN EXPERIMENTAL APPROACH TO DREAM PSYCHOLOGY THROUGH THE USE OF HYPNOSIS

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## INTRODUCTION

Because of the difficulty of investigating emotional processes experimentally, the investigation of dream psychology has progressed little since the publication of Freud's *Interpretation of Dreams* (1), a fact which Freud noted in 1933 when he complained that analysts 'behave as though they had nothing more to say about the dream—as though the whole subject of dream theory were finished and done with' (2). He called attention, as an exception, to the pioneer work of several Viennese investigators who, using hypnosis (Schrötter) and other methods, had made a start in the experimental confirmation of the theory of dream symbolism. Unfortunately this research was not pursued. The last two decades have seen considerable development of hypnotic techniques in the study of various unconscious processes. Erickson (3, 4), Kubie (5), Erickson and Kubie (6, 7, 8), Luria (9), Eisenbud (10, 11), and others have contributed to this literature.

To develop a method of dream study which might be more objective than the interpretive technique used in analytic therapy, a group of average college students were used as hypnotic subjects. With them as subjects the following problems were investigated:

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1. *The capacity of normal individuals under hypnosis to understand dream language and the factors which might influence this understanding.* In hypnotic and other dissociated mental states, individuals show capacity for understanding and interpreting the unconscious psychic productions of others. It is well known that schizophrenic patients are able to interpret dreams. Some artistic individuals manifest a special faculty for understanding the unconscious import of artistic creations. Erickson found that a hypnotized subject in one instance was able to read and understand the automatic writing of another person.

2. *The production of experimental dreams under hypnosis.* Earlier workers have found that they could partially control the form and content of the dream by suggesting under hypnosis what was to be dreamed about. Their suggestions were restricted to a limited number of grossly sexual situations. We hoped to confirm this work and extend its scope to include a variety of dream stimuli.

3. *The nature of the relationship between hypnotist and subject.* Hypnosis fell into comparative disuse as a therapy largely because of the lack of understanding of the hypnotic relationship.

The students who participated in the project as hypnotic subjects were recruited from a Washington university by the professors, who announced to their classes that two psychiatrists were doing research with hypnosis. The volunteers were from 18 to 21 years of age. Those who seemed unstable were immediately excluded, and only those who proved to be naïve about psychology, ignorant of any knowledge of the theory of dreams, were chosen. They were asked not to read about the subject for the duration of the project. Those selected were average students, with no conspicuous personal problems and no special talents, either artistic or intellectual.

### DREAM TRANSLATION

Under hypnosis the subjects were directly presented with dreams, of which some were fantasies of the experimenters, some produced by other subjects during hypnosis, some were



the dreams of friends and patients, and a few were myths and psychotic productions. For example, an eighteen-year-old girl was told under hypnosis: 'Dreams have meaning. Now that you are asleep you will be better able to understand them. A girl dreamt that she was packing her trunk when a big snake crawled into it. She was terrified and ran out of the room. What do you think the dream means?' Almost before the question was finished, the subject blushed, hesitated a second, then said, 'Well, I guess she was afraid of being seduced. The snake would be the man's sex organ and the trunk hers.'

As a control, subjects were always questioned about the dream before and after hypnosis, and in no instance did the subjects in the waking state make any comment comparable to that obtained under hypnosis. Care was taken not to ask leading questions nor to reveal the experimenters' interpretations of the dreams.

Several female subjects were given this dream: 'A boy was sitting at his desk studying when the waste basket caught on fire. He ran and got a pitcher of water and put the fire out.' Their immediate response was, 'Oh, he wet his bed', or, 'He should have gone to the bathroom'. However, a dream about a girl putting out a fire made no sense to them.

It was suggested to one subject that as a child she had wet the bed and been severely scolded by her mother. In response to this stimulus she dreamed of falling into a pond in winter and being scolded by her mother. This dream was then related to a second girl, under hypnosis, who was entirely ignorant of the genesis of the dream. Without any hesitation the second subject said, 'Oh, that girl must have wet the bed!', thus recovering the stimulus that had produced the dream.

A second example illustrating the sexual differentiation of symbols is the following dream given for translation: 'A man is sitting in a dentist's chair while the dentist tries to pull his tooth. He pulls and pulls. The dreamer is in great pain when the dream ends.' Several subjects said the dream meant that a man was having his 'vital organ' cut off. When the dental

patient was a woman, the dream was translated as 'giving birth to a baby'.

An exclusive appetite for mushrooms, developed by a psychotic patient, was described to a subject under hypnosis, and she was asked what it would mean if it were a dream. She answered, 'He was very sexual. He might even be homosexual.' Since one of the authors later treated this patient, he can attest to the validity of this student's hypnotic interpretation.

During the first World War, one of the authors had the following vivid nightmare: 'I had been captured by the Kaiser and he made ready to execute me. He placed my head on a chopping block and was about to swing the axe which would end my life, when the dream ended.' Under hypnosis a student said the Kaiser was really the dreamer's father who was going to chop off his penis, not his head. She believed it was a punishment for something—probably some sexual act.

The story of Moses and the bulrushes presented as a dream to a girl subject evoked the response, 'I think somebody was going to have a baby', adding that the bulrushes stood for pubic hair.

Because of the startling unanimity of response offered by hypnotic subjects, one might at first conclude that dreams are like puzzles which have only one answer—a sexual one. We have come to believe that these uniform sexual responses were influenced by the nature of the hypnotic relationship. Hypnosis is not only a state of consciousness, like sleep, in which dreams occur, but it is also a very striking interpersonal relationship. The most obvious characteristic of this relationship is the extreme dependence of the subjects and their feeling that the hypnotist is omnipotent. Their critical capacities, while not eliminated as Freud once thought, are certainly restricted. The hypnotist too is reacting, not only to the subject, but to the hypnotist's rôle of omnipotence. His reaction will in turn influence the subject. The relationship contains all the complexities of any relationship between two people, although the belief has developed, because of certain extraordinary aspects of the process, that in hypnosis one deals with

something outside the bounds of normal human experience. The unique interaction at any given moment between the personality of the hypnotist and the personality of the subject will necessarily determine the experimental results. Even under what seem to be the same experimental conditions, different hypnotists evoke totally different responses.

Many observers have compared hypnosis to sexual seduction or assault<sup>1</sup>, and it is a commonplace that a male hypnotist can hypnotize women much more easily than men. It is noteworthy that practically all the erotic dream translations cited were obtained from comparatively uninhibited women, and from one male subject who was a rather passive individual with a marked attachment for the hypnotist. Jung is said to have abandoned hypnosis when an awakening subject coyly thanked him for being so decent. 'That demonstrated to me', he said, 'the true nature of hypnosis'. We have not found that hypnosis is very different in this respect from other transference relationships. Recognition of this factor does not detract from the method, as Jung feared, but increases its scientific validity.

The following example will illustrate how the form of the dream translation will depend on the interpersonal factors described. A shy female subject in hypnosis was told, 'Some time ago you were packing your trunk when a snake crawled into it. You became terrified and ran out of the room.' She then dreamed, 'It was night and I was lost in the jungle. It was muddy and the mud came up to my waist so that I could not move in any direction. There were little snakes on the branches of the trees above me, which kept falling on my arms and shoulders. They kept getting nearer; some of them touched me. Only the mud kept the snakes from going below my waist; they could not touch me where the mud was; they could not get in. I felt safe in the mud.' Questioned about this dream when awake, she said that the snakes were something harmful and the mud signified safety—a mere paraphrase of the dream. Hypnotized again, she was questioned by a person

<sup>1</sup> Cf. de Saussure, Raymond: *Transference and Animal Magnetism*. This QUARTERLY, XII, 1943, p. 195, ff. [Ed.]



other than the hypnotist. Now the snakes represented something desirable, the mud a barrier to the satisfaction of her desire. First she spoke of the snakes as ideas which attracted her but which other people thought too radical; then as people whose political and social beliefs made them attractive, but who were disapproved of by others; finally, she referred to the snakes as experiences she wished to have but which convention, as represented by the mud, denied her. At this point the interlocutor left the room and the subject's hypnotist questioned her alone. There was then a general relaxation of her facial expression and quite spontaneously she said that the snakes represented a pollution which came from the phallic branches of the trees, and this was the experience she desired. Questioned by a person other than the hypnotist, her translation was on a conventional social level. The dream was perceived in sexual terms in relation to the hypnotist. Both translations are of course parts of the total dream significance.

A similar variation in translation was obtained while attempting to discover how pregnancy would be portrayed in an experimental dream. A hypnotized girl was told, 'Not long ago you discovered that a friend of yours had become pregnant; she came to you and told you how terrified she was to be caught in this way. You were shocked and did not know what to do.' She then dreamed, 'I was on an island and all around me waves were swelling; there were mountains up and down and around. There was a sudden downpour of rain. I felt that everything around me was so powerful that I was just insignificant. I did not know what to do.' Several days later the dream was recalled to her under hypnosis by a person other than the hypnotist. Although she felt the dream was about pregnancy, the small island was the social ostracism and isolation enforced by her predicament, while the rain was the gossip and insinuation which fell on her. When her own hypnotist questioned her, she said that the rain was the downpour of semen.

This difference in response raises some interesting questions. Are the sexual translations due to some direct or implied suggestive influence by the hypnotist? Although it is difficult to

eliminate this factor, our impression is that neither the hypnotist nor the substitute exerted any suggestion. Or can the dominant-submissive relationship of hypnosis be a sexual experience to the subject and does this serve to determine the form of his translations? It is undoubtedly true that a number of subjects seem to regard hypnosis as a sexual experience. We believe that this specific characteristic of the relationship with the hypnotist makes for a sexual interpretation, but this cannot be stated with certainty.

Only five, or about 20 per cent of the subjects carefully studied, proved to be able translators of dreams. The explanation for the failure of the remainder of the group is not clear. It can be said, however, that these individuals were quite inhibited and rigid compared to the translators. The reasons for both the ability and inability to translate dreams will be elicited only through careful personality studies of the individual subjects.

Even among the selected group it often happened that a hypnotized subject was unable to make any statement about a dream. This type of resistance could usually be overcome by one of two opposite methods. Sometimes a subject was able to translate his own dream only when it was presented as that of another person. At other times it was necessary to transform another person's dream into his own, by suggesting that this was an actual experience which had happened to him, and then asking him to dream about it.

A pregnant woman of our acquaintance dreamt that as she lay in bed one morning she was horrified to find a number of small white worms crawling over her arm. This dream was offered to a hypnotic subject with no result. The subject was then told that she herself had recently suffered the same horrible experience. She dreamt, 'There was a white candle resting in a small dish beside my bed. The candle burned lower and lower and little wax particles kept dropping into the base of the dish.' When asked about the new dream, she said, 'The man came and that's what the dripping of the wax was'. The first dream about the worms was recalled to her

and she said, 'That was the same thing'. With another subject, who was likewise unable to find any meaning in the worm dream, this same manœuvre of redreaming elicited a dream that the subject was driving alone in a car with her arm resting on the sill of the open window. It was snowing and snowflakes kept dropping on her exposed forearm. After this dream she commented, 'Now I know what the dream about the worms meant. Some girl had had relations with a man and she was afraid of getting pregnant. They hadn't taken any precautions. The worms refer to sperm.' For some reason these two subjects translated the worm dream only after they had in effect restated the dream in their own dream language.

### THE PRODUCTION OF EXPERIMENTAL DREAMS

The production of experimental dreams under hypnosis was first successfully accomplished many years ago by Karl Schrötter (12). In 1912 this investigator reported a series of dreams containing the symbols with which psychoanalytic dream interpretation has made us familiar, and the work was offered as experimental proof for the freudian theory of symbols. This theory received additional confirmation in the investigations of Roffenstein (13) in 1923 and Nachmansohn (14) in 1925. As in sleep, the hypnotized subject will dream spontaneously, and he will also dream about situations that are suggested to him.

The production of such experimental dreams under hypnosis depends, however, upon the capacity of the individual subject to accept in fantasy and live through an emotionally-toned situation suggested to him by the hypnotist. While the situation is being outlined, his facial expressions and bodily movements show that he is experiencing genuine emotion—often painful and sometimes very intense.

The experimental procedure we finally evolved, after considerable trial and error, is as follows: Under deep hypnosis the subject is told, 'I am going to recall an experience that happened to you some time ago. You have probably forgotten it, but as I describe it, you will remember it in all its details.' The experience is then described and the subject is told: 'A



dream will come to you. Raise your right hand when the dream begins and lower it when the dream is finished.' After one or two minutes of dreaming, the subject will relate his dream. It should be noted that the subject is not instructed to dream about the suggested situation, but merely told that a dream will come to him. We have been more successful in eliciting dreams with this method, probably because it permits greater freedom of fantasy on the part of the subject.

The dream stimuli we have used fall into two categories, first, those which were sexual, comprising experiences of pregnancy, intercourse, bedwetting, masturbation and homosexuality; second, nonsexual stimuli, including experiences of hostility, false accusation, competition, being taken advantage of, and others. Dreams obtained by hypnosis or by post-hypnotic suggestion have all the characteristics of spontaneous dreams, and the subjects do not make a distinction between them. Following the dream stimulus, the subject usually first gives us a dream which is a paraphrase of the suggested stimulus, slightly modified by the inclusion of incidents from his own life experience. As he continues dreaming his subsequent productions have more and more the bizarre and pictorial character of dreams.

Why all subjects are not able to dream under hypnosis is not clear. The reaction to a dream stimulus seems to depend upon a combination of factors which include the nature of the dream stimulus, the personality structure of the subject, and his relationship to the hypnotist. Roffenstein (13) had great difficulty in finding a hypnotic subject who would dream, probably because he utilized dream stimuli involving highly traumatic experiences as, for instance, suggesting to a woman that she dream about a homosexual relation. We have used a more indirect method calculated to spare the moral sensibilities of the subject. To elicit a dream about pregnancy, we suggested an experience in which a friend had become pregnant. Since the dream is always personalized, we achieved the desired result in the end. Another method of bringing about the acceptance of reprehensible experiences was to place them in childhood.

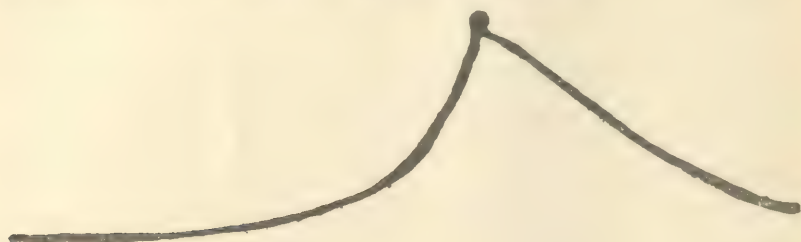
From one subject we were able to elicit excellent dreams by the instruction: 'I am going to recall a certain experience. This did not actually happen to you, but as I tell you about it, you will live through it as if it had.' As a final precaution, we always attempted to remove the stimulus at the end of the experiment by telling the subject that the suggested experiences had not really happened to him.

The following experimental dream involves the play on words that is so frequently encountered in dreams. A young woman was told, 'When you were a little girl you wet your bed and when you awoke in the morning your mother scolded you.' The subject then dreamed that she told a lie which made her parents so angry that they spanked her. In her first account, she omitted the bedwetting, the substance of the lie. Only after considerable questioning by us, and evasion on her part, did she state that what she had lied about was risking being 'run over in order to go to the A and P'.

We have sometimes asked subjects to draw certain objects or figures that appear in their dreams, which frequently helps to clarify their meaning. Marcinowski (15) first demonstrated in 1912 that landscapes in the dreams of his patients represented parts of the body, unrecognizable from the verbal descriptions. Kubie (5) (1934) likewise reported a very instructive case, in which the meaning of a dream was revealed in a drawing representing an airplane as the male genitals.

To investigate symbolization of the female breast, a male subject was given the dream stimulus: 'One day you were walking down a street in one of the poorer sections of town and you happened to see a young woman sitting on the steps nursing an infant. Her breast was exposed and you could see the baby take the nipple in its mouth and suck at it.' His dream was: 'I came to the corner where there was an old, run-down store. I went in to look for a magazine called *Famous Fantastic Mysteries*. I saw some fruit—apples and oranges—and tobacco and candy. They did not have the magazine so I bought some pipe tobacco and went out. I took the Mount Pleasant street car and rode to the top of a tall hill; it was flat

on top; the other side was steep. It was the end of the car line. I got off and stood on the edge and looked down.' Under hypnosis he drew a picture of the hill (Fig. 1).



*Fig. 1. Mt. Pleasant*

The same subject was told that he had once wet his bed and had felt very much ashamed because that was the sort of thing a child did. He dreamt that he called his mother and told her about wetting the bed. The doctor came and advised an operation. He went to the hospital in a cab with his mother, was prepared for the operation, and was greatly frightened as he was taken to the operating room. Next he was walking out of the hospital and down 13th street to a hardware store in order to buy a woodworking tool. Asked under hypnosis to draw the tool, he drew the head of a hammer.

Past experiences are sometimes incorporated into the dream. A girl, given the dream stimulus of an experience in which she had been caught masturbating by her mother, dreamed: 'My sister and I, dressed in our best clothes, were making mud pies with mud which we kept in a rusty tomato can. We splattered the front of our dresses and mother scolded us, saying that it was my fault that my sister was doing it too.' She later remembered this to be an incident from her childhood, possibly a screen memory.

Another subject, told that while walking through the woods she had been frightened by seeing a snake, dreamed that she and her father climbed a steep, winding path to the top of a



hill on which there was a reservoir. As they walked back she leaned on her father's arm. When awake she recalled having made such an excursion to a reservoir with her father. Shortly afterward she went home on vacation and in describing to her father her work with us, she mentioned this dream. He was startled and visibly upset but unwilling to give any explanation. The father's reaction permits the speculation that the girl's casual recollection is a screen memory for an early trauma. As an association to snake, it suggests seeing the father's penis. That experimental dreams might be used to recover forgotten experiences was proposed by Nachmansohn (14) (1925) who made similar observations.

We gave a male subject the dream stimulus of having eaten some green apples and developing a severe diarrhœa. We suggested to him in detail the nature of his symptoms and described the number, kind, changing color and consistency of his stools. All through his subsequent narration he coughed and spluttered. This symptom had not been present before, and it disappeared after the experiment. He dreamed that he was ill in bed. The light was turned on and off several times. It got 'lighter and then darker'. He started and stopped reading several times. He turned on the radio but it kept running on and on, interrupting his thoughts. There was no music—only talk—until finally he turned it off. We believe that the cough and the manner of speaking were symptomatic equivalents of diarrhœa by displacement, similar to the verbal diarrhœa of the radio which ran on and on.

Many subjects will, when asked, produce a dream without any dream stimulus. These spontaneous dreams often have a manifest content corresponding to the chief conscious interests of the individual. A geology major, with a marked interest in architecture, dreamed repeatedly of architectural groupings and landscapes.

On several occasions we asked a woman physician to be present during hypnotic sessions. During these sessions the subject's spontaneous dreams changed in character. With a

woman present, he dreamed of climbing a staircase; of a sewer pipe running through a tunnel; of driving a car around the left side of a mountain into a tunnel.

The hypnotic subject is thus found to be not simply a passive object whose dreams can be manipulated at will by an omnipotent hypnotist. Hypnotic behavior is a meaningful, goal-directed striving, its nature determined by the dynamic unconscious. The subject's spontaneous dreams are influenced by his own unconscious needs and the interaction of these with the hypnotist and any other persons included in the hypnotic situation. Similarly, the dreams elicited in response to dream stimuli are not simple reflections of the stimulus but reveal the needs and wishes of the subject.

Manifestly nonsexual dream stimuli usually evoke dreams expressing the social situation in terms of 'body language'. A young girl was given as a stimulus a situation in which, falsely accused by a friend of cheating in an examination, she became very angry but because of circumstances was unable to deny the accusation. The subject then dreamed that a dentist was trying to pull her tooth despite her frightened protests that the nurse had taken the anæsthetic out of the wrong bottle. In her dream the humiliating accusation is portrayed as bodily assault and deprivation.

A boy was told that he had a rival in his geology class with whom he had trouble competing because he refused to defer to the teacher as the other boy did. The subject then dreamed: 'The geology class went on a field trip. We came to an outcropping of rock and I started chipping at it with my hammer. A flying fragment of rock hit the other boy in the face, cutting him. That made me feel fine.' Here academic competition becomes a bodily assault on his rival. The examples indicate how a familiar dream symbol may portray a variety of human experiences. Thus, tooth-pulling may represent not only castration and childbirth but also socially insulting predicaments; the attack with the hammer may represent not only homosexual assault but also scholastic rivalry.

## SUMMARY

A method is presented for the study of dreams and other unconscious processes by hypnosis. In hypnosis certain subjects have more awareness of the meaning of dream language than in the waking state. This awareness is influenced by the relationship between hypnotist and subject. The similarity of this relationship with other interpersonal relationships was pointed out, as well as the possibility of using this method for the study of transference. A number of experimental dreams, evoked by both sexual and nonsexual dream stimuli, are presented and their special characteristics discussed. The results obtained illustrate the great plasticity of the dream language and argue against too narrow interpretation of symbols.

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# INTRAPSYCHIC FACTORS IN THE CHOICE OF A SEXUAL OBJECT

BY CHARLES DAVISON (NEW YORK)

Strong feelings of hostility which are closely linked to fear of castration and feelings of guilt and inferiority may at times force a neurotic individual to choose as a sexual object a person with physical deformities.

A twenty-four-year-old engineering student, single, entered analysis with complaints of fears of cancer, brain tumor, insanity; of murderous impulses towards his mother, a nephew, and his mistress; and of indecisiveness, especially regarding marriage. He had fears of developing encephalitis and paralysis agitans, which his father had had, as punishment for 'abnormal sexual relations'. He had first consulted a physician at the age of nineteen when, following a wrestling match, he experienced pain in the back and generalized muscular twitchings. Three years later, after the death of his father, all of his symptoms became manifest. He masturbated frequently with sexual fantasies about his mother. He worried that his father's 'brain disease' was the result of masturbation or homosexuality. An uncle was demented and a nephew mentally defective. He tried to fall in love with a girl, one year his senior, who had a deformed foot secondary to hip disease. His mother considered the girl's family inferior to his. One of her brothers was a stutterer, a sister the mother of a Mongolian idiot, in addition to the girl's own deformity. He believed she might give birth to mentally defective or deformed children.

The patient felt he was an unwanted, 'accidental', child because he was born ten years after the next older child. He hated his father, a severe disciplinarian, a domineering and successful business man, who died after having been incapacitated by paralysis agitans for seven years, but he strove for his father's love and attention, although he was inhibited by his 'barking voice'.

He considered his mother to be a sentimental, romantic person craving sympathy, to whom he took all his troubles. When he was about ten, she informed him that her brother had become demented because of sexual relationships with a demented woman. She repeatedly warned him about the disastrous consequences of masturbation, perversions, and sexuality in general. She was critical of the girls he courted. In masturbation incest fantasies, he strove to conceal his less tolerable hatred of her. After his father's death the repressed hostility broke through in fantasies that she was dead and he was having intercourse with her. A mentally defective child of his older sister, who he feared would give birth to another such, provided the hostile content of incestuous fantasies regarding her, especially stimulated by the sight of her legs. He hated and envied his ten-year-older brother because in most respects he considered him his superior. The patient was sixteen when the father became sick and the brother became the male head of the family. He went with some of his problems to him but the brother never gave him much sympathy.

Throughout his childhood he was a coward and frequently fantasied that if someone attacked him he would cry for help. He suffered from enuresis until nine, was always afraid of the dark, and had frequent nightmares. At eight, he witnessed some boys practicing mutual masturbation and rectal intercourse. 'Maybe some boy inserted his penis in my rectum or just touched it,' he added. At ten, a watchman he sometimes visited despite his mother's warnings attempted to grasp his penis on four or five occasions, but he resisted. The Loeb and Leopold case excited and preoccupied him, his brother having suggested that they were criminals because they masturbated. He joined the scouts and slept with his bayonet from fear that he would be attacked. He had frequent dreams of being naked, of bathing naked in the ocean and being afraid. At eleven, he attempted intercourse by rectum with a six-year-old girl and was extremely frightened. At twelve, a cousin nurse of forty played with him and he experienced his first



emission. This was repeated on several occasions. From the age of thirteen, he made occasional engagements with older girls of a boyish type. He was awkward and aggressive with them. Two of these girls had physical deformities.

Becoming depressed, after his father's death, he associated more steadily with girls expecting that normal sexual intercourse would cure his depression. Unsuccessful with them, he began to masturbate violently and first succeeded in having orgasms by this means. He now sometimes fantasied that he was a woman.

In analysis he sought reassurance from the analyst. He expressed grave concern over his sexual and murderous thoughts about his mother. Killing her, he felt, would prevent him from having further incestuous thoughts. He frequently compared his mother with his girl.

When he lost his position and the analyst suggested that he nevertheless continue his analysis until he obtained another one, he fantasied that if he did not get a job the analyst might be sufficiently interested to adopt him. At this juncture, for the first time, he had successful sexual intercourse with his girl, a flight from the homosexual transference.

He was thrown into a severe panic by his mother's question as to whether he was courting a 'lame' girl, brooding obsessively about it, anticipating his mother's objections, until, exhausted, he masturbated. He repeatedly pressed the analyst to advise him directly about the girl, and tell him whether the analysis would resolve his fear of her handicap. Because the analyst did not, he threatened to kill him, and was immediately overwhelmed by guilt. Clearly he did not want to marry the girl. He sought to use her as an escape from masturbation, incest, homosexual tendencies and destructive hostility. His choice of a lame girl was determined by his hostility towards women, but in his passive masochistic retreat from his aggression, her foot also represented her penis. Her deformity therefore intensified his castration anxiety. A dream illustrates the conflict:

'I slept at the hospital because I was to have an operation. Then it was an analytic session and I had to talk about the girl's lame foot. When Dr. R. came in, I realized that it was not going to be an analytic period, but an operation in two parts. The first consisted of four injections under my tongue, and the other the scraping of my penis. I was afraid and wished the operation on my penis could be postponed until tomorrow. Dr. R. handed my mother a syringe and she injected it in my mouth. She tried to push it in, but Dr. R. told her to screw it in, which she did. I objected to these injections. After the first two, I noticed that I had two scabs at the site of the injections. I feared my penis would now be scraped.'

This dream brings into association the girl's deformity and the passive homosexual analytic transference. Dr. R. was the physician who had treated the patient for gastrointestinal disturbances. Scraping his penis and scabs made him think of masturbation and castration. The day before the dream, he was sitting in the subway near a Chinaman whom he suspected of having syphilis. He is identified with the crippled woman. The patient is tempted to give up his penis, become dependent upon the phallic mother (analyst) and suckle at the breast-penis. The relation of masturbation to castration and passive homosexuality requires no comment. He fantasied that his penis and the girl's foot were cut off at the same time.

He repeatedly attempted to force the analyst to resolve his intolerable ambivalence by telling him whether he should marry. When he was reminded of the initial warning that important decisions about marriage and the like were better deferred until analysis was completed, he assailed the analyst bitterly, threatening to discontinue analysis and marry.

The girl continuously pressed him for a definite answer but no sooner had he decided to break with her, then he would change his mind. He believed that the analyst was now pushing him into marriage, now preventing him from marrying. In masturbation he fantasied that the girl practiced fellatio on him or that he practiced cunnilingus on her. The fellatio

fantasy was frequently accompanied by discomfort in the throat, fear of cancer, fear of injury to his penis. Occasionally he asked her to masturbate him. His associations and dreams at this time indicated that her deformed leg represented a penis.

'I was watching a weird theatrical performance. I remember all sorts of mechanical equipment, an aeroplane. Suddenly the light went dim and there was a crash. We got out of the plane and I suggested that the metal strip which supported the stairs be reinforced because it looked weak.'

The theatrical performance reminded him of intercourse he had had with his girl the night before. Because of her crippled foot he had to manoeuvre in a 'weird' way. The mechanical equipment and metal strip made him think of his penis. The aeroplane crash led to thoughts of injury to his penis in intercourse, and to having deformed or demented children. The metal reinforcement led both to the girl's crippled foot, and to his penis which needed repair because of masturbation. He fantasied that the girl had a penis which he grasped.

Dreams and associations represented marriage as an imprisonment. His promise to marry her after graduation intensified his hostility and anxiety. He imagined deserting her at the altar. Also he contemplated eloping and making her happy when his guilty feelings toward her were strong, or homosexual feelings more threatening. The elopement also constituted an act of defiance against father, mother, and the analyst.

He dreaded having the girl go to his house where everyone, especially his mother, would look at her crippled foot. Finally, he told the girl that he could not marry her because of her deformity. He cried like a child, for his mother's and the analyst's approval. 'One solution', he said, 'is to get married now and work out the problem later'. He had fantasies that the analyst was a conniving criminal, preying on his doubts.

Determined now to stay away from the girl, he began seeing other girls. During the next few months, he met her on a few occasions and found that his obsession with her had vanished. Relieved that he had not married her, he was no longer dis-



turbed about her crippled foot; nor did he feel guilty about having broken the relationship.

### *Summary*

An intensely hostile anal-sadistic fixation to his mother led to a homosexual regression and the development of an obsessional neurosis and increasing anxiety following the death of his father. To escape necrophilic fantasies about his mother, and mounting (feminine) homosexual strivings, he sought, as a compromise, to form an attachment to a woman with a crippled foot, a tendency manifested in adolescence by brief association with two girls who had physical deformities. The deformed foot, by condensation, satisfied his hostility towards the depreciated (castrated) woman, but represented also the woman's penis. This relationship intensified his own feeling of inferiority, and castration anxiety. He was identified with the castrated woman whose castration he strove to deny. After witnessing, and probably participating in, some homosexual activities in childhood, his mother had threatened him with insanity if he indulged in any sexual activity. The conflict which led to the neurotic choice of object was further intensified by a marked increase of ambivalence and anxiety. The working through of this conflict in analysis and the abandonment of the neurotic choice of a sexual object led to a resolution of this conflict.

# THE CLINICAL SIGNIFICANCE OF THE SINGLE PARENT RELATIONSHIP IN WOMEN

BY ARNOLD EISENDORFER (NEW YORK)

Psychoanalytic literature has given rather scant attention to the emotional problems besetting the individual who is reared in a family in which, from earliest childhood, one parent is absent. In such a situation, by no means uncommon, specific problems arise. I have had the opportunity of analyzing two women, only children, who had lost their fathers before the age of six months. In such circumstances it is in the nature of things that the emotional bond between surviving parent and offspring becomes inordinately intense.

When a situation of this kind arises, in which one parent is left alone by the death of the other, there occurs a sudden shift of libidinal cathexis from the lost love object onto the child. The resulting libidinal outburst is badly tolerated by the infant, and this becomes an important contributory factor in bringing about an undue fixation on the part of the latter in the pregenital phases of development. To complicate matters further, the period preceding the separation of the parents through death or divorce is often a very trying one. The attention of the remaining parent is usually deflected upon these difficulties and away from the child, so that the child feels all the more keenly the sudden return of love in increased quantities when it becomes the sole remaining object of libidinal cathexis.

Further, the buffer aspect of the normal parental situation, so important in giving opportunity for self-expression in the growing child, is absent, and the expression of hostile aggressive impulses directed towards the remaining parent are stifled and repressed in self-defense. Under such conditions these

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patients are unable to emancipate themselves to the degree necessary for bringing about a satisfactory resolution of the œdipus complex.

The conditions for loving and being loved, which are peculiarly characteristic in this relationship, are particularly applicable to the mechanism of the transference situation, whereby in reliving these infantile traumatic situations the accumulated libido about the infantile parental image can be liberated.

It is my purpose to present the facts pertinent to this problem as these were elicited from the analyses of two women patients who lost their fathers before they were a year old, and in whom a subsequent intensification of their relationship with the mother resulted.

A woman of twenty-nine, an only child of American parents, came for analysis because of her inability to carry on in her work, vague feelings of depression and anxiety, a lack of rapport with others, and difficulty in expressing her feelings to and about men. In her own words, 'I feel passive, frozen and wooden. Can you analyze a wooden cigar store Indian? That's how I feel.' These feelings had their inception at about the age of six years, when she developed tuberculosis, and they had become progressively more intense.

Six months before her birth, her father, a successful professional man, had become seriously ill with pulmonary tuberculosis, and had died of tuberculous pneumonia one year after the patient was born. Her parents had been married only three years, and at the time of the father's death were still very much in love.

When the patient was about three years old she accompanied her mother to the home of her maternal grandmother in the South. It is significant that the psychological atmosphere of this home was one in which women dominated. The patient's grandmother, an arrogant, aggressive but kindly despot, ruled the family fortunes, home and business. There were also three aunts and two uncles in the household. The



patient's two uncles were inadequate personalities who were meek and timid, utterly incapable of asserting themselves.

The patient fitted well into this atmosphere. The tension which had existed between the mother and patient as long as they had been alone was relieved, and for three years the patient led a carefree, happy life. She was her grandmother's favorite. She had been on the breast for three years and had refused every effort that had been made to get her to take a bottle. However, when this dynamic grandmother offered her milk in a glass, she remembered distinctly taking it because 'I knew better than to refuse'.

At six years of age the patient developed tuberculosis of the mediastinal lymph glands and was taken west by her mother, where for six years they lived alone in a small apartment. Between the ages of six and eight she was confined to bed with active tuberculosis. Thereafter, for four years, there were periods of one to three months when she was similarly confined. During these years the mother was in complete charge of the patient. She was inordinately anxious, and with an aggressive zeal she adopted the attitude of the attending physician, who was a strict disciplinarian. With an overindulgent firmness that was ever present, the mother eventually overcame the last vestige of independence on the part of the patient. From the previous carefree life she was forced into a position of inactivity and utter dependency. She vividly remembered how painfully helpless she was, and how intensely she resented the compliance forced upon her by her overconscientious mother. Outwardly the patient became a passive automaton without any apparent interest in life. With this defensive façade she responded to the world at large after her recovery from the tuberculosis. The period of her illness was mostly spent in being read to by her mother, while in the absence of participation in play activities, she developed a florid fantasy life.

During the early phase of the analysis the patient was affectless and compliant. Her speech was hesitant. She was anxious and slightly depressed. She had displaced to the transference situation the automaton attitude which had been characteristic

of her childhood period, from six to twelve, when she had been ill. The analyst became the mother-surrogate. However, in contrast to the past, the burden of effort, instead of being shouldered by mother, now rested upon the patient. She responded with extreme reluctance.

She repeated with modifications the vivid fantasy life of this earlier period. During her organic illness the patient had reestablished the earlier infantile period when, after her father's death, she had been her mother's lone object.

The intensity of the patient's fixation on the oral level was expressed by the manifestly predominant oral character of the dreams and fantasies: 'I am sitting at a table eating with mother; or I am a puppy and I go into the mouth of a large dog which is my mother; or I am a pimply-faced girl eating with mother'. In this phase of the analysis the patient attempted to reestablish without success the period of oral dependency of early infancy. As the analysis progressed she became increasingly frustrated in this attempt.

The analysis of infantile rebellion was stimulated indirectly by the patient. One day, in a restless manner in keeping with the growing anger which was being released from repression, the patient expressed her irritation at having to lie down, and compared the analyst to her demanding mother. In fidgeting about on the couch she pushed one of the head cushions to the floor. She impatiently demanded its return, with feelings of anger never before expressed. Several days later the cushion was permanently removed. It was symbolic of 'pinkie'. 'Pinkie' was a woolen sweater that had been given to the patient in infancy and had become her most prized childhood possession. When she had been helpless to express herself during her confinement in bed, it was 'pinkie' alone who understood her. To 'pinkie' she had tried to confide her innermost thoughts, of the exact nature and intensity of which she had been unaware until they were worked through in the analysis.

Thereupon the aspect of the analysis changed. Compliance and depression were replaced by active defiance and aggression, and the patient actually lived out the rôle of the violent rebel

she had previously fantasied herself to be. When her mother had read to her, while she had been confined to bed, the patient had always identified herself with the violent characters of the stories read. Many prolific dreams of wild dogs, spiders, lynxes, lions, etc., which devoured and in turn were devoured, occurred, together with a myriad of frank sexual dreams and fantasies. With the release of her infantile aggressions, the manifest sexuality occurred with greater intensity, and this in turn would result in the expression of more oral defiance. How the attacking animals were identified with the analytic situation is well illustrated in a typical dream.

'I am in a haunted house with many rooms, accompanied by many women. A mysterious ghostlike figure from behind touches me on the shoulder and I turn and bite it, making a long, deep gash. A tall, thin young man with a mustache is present. He says nothing but has a very threatening attitude.'

Here the patient disclosed beneath the thinly veiled fear of sexuality the deeper, more intense fear and hostility on the oral level of the devouring mother.

The degree of intense ambivalence, the love-dependence and hatred the patient manifested in infancy towards her mother and displaced upon the analyst mother-surrogate, is pertinently illustrated in the following dream:

'I am in a room with many women. A young woman kisses and hugs my mother so enthusiastically that mother faints. Every one runs to help her but I am most unconcerned.'

This dream occurred after the patient had spent one of her week ends at home with her mother, and upon her return had compared her usual manner of compliance with her similar attitude in the analysis.

The patient's homosexuality was further illustrated in dreams of wild dogs and other animals, in which she was identified with one of these dogs in intercourse with mother. The identification of dogs with aggressivity was linked to the favorite grandmother who had been very fond of dogs. In many other frank homosexual dreams the patient had a penis



and was having intercourse with mother and other women. These masculine strivings were already apparent at the age of three, when in her play with other children the patient wanted to be a boy so that she could wear an Indian suit and other clothes that boys wore, and do the things they did. 'I felt best when I could be wild like a boy.'

The ventilation of the homosexuality on the phallic level released more heterosexual feelings. The patient was able to masturbate consciously only with extreme feelings of guilt and castration, accompanied by wishes to cut off the guilty hand, to cut her wrists, to slash her throat. A significant dream which typically accompanied petting and mutual masturbation is as follows:

'My right hand is stuck in the mouth of a snake. I can't get it out. I can feel the snake's teeth with my left hand. The scene changes, and I see a five-year-old boy with golden hair being loved by my mother, as she used to love me. The boy also seems to be in some way under the snake's influence. He must do what the snake desires.'

The dream occurred after mutual masturbation with a man (an obvious father figure) fifteen years her senior. The patient had touched the man's penis with much abhorrence. The dream reveals the intensity of the patient's fear of genitality—a fear so intense that in the dream she flees from it, not only by regressing to homosexuality, but beyond to the earlier oral narcissistic level. The snake and penis are identical—both are identified with the oral aggressive concept of the devouring mother.

This constant regression to the oral phase was most characteristic of the patient's reaction to sexual conflict. It recurred in a repetitive manner, each time the patient's sexual feelings reached a certain threshold of intensity.

The intensity of the oral fixation and its influence in the phallic phase is further illustrated in one of many sequences which occurred repeatedly during the active period of the analysis. The patient had spent a week end with George. She

had felt more intensely about him than any man she had ever known. The nature of her sexual feelings were expressed in the dream, 'I am lying in bed with George and I enjoy it very much. I am at peace and happy.' The reaction to this upsurge of sexual feelings was expressed in typical dreams two days later: (1) 'I see many snakes on the ground leering their heads up at me.' (2) 'A lynx has its claws in my breasts and it is about to devour me.' The patient awakened in a panic. The regression to the oral phase with dependency, fear and aggression is clearly demonstrated. The degree of intensity of the patient's reaction to her increasing sexual feelings during the progress of the analysis is well illustrated by the following sequence.

The patient had again engaged in petting and masturbating. During the intense excitement of this episode her hymen was ruptured and some slight bleeding occurred. The extreme horror and guilt which this stimulated was expressed in the dream.

'I am in a room, which seems to be a death chamber. A chaste young woman goes by me and goes upstairs. I seem to wait eternally for her return. At last she comes crawling down the stairs, holding on to the banister, looking like a weird ape-like monstrosity. I am horrified because I know this is I.'

Then followed a dream, in reaction to what she interpreted as having been castrated, which expressed her intense desire to castrate:

'I see a man with a long penis which falls off. At the place where it had been, I bore with a knife. Then I see another man bent over backwards like a ballet dancer with his penis sticking out in front of him. As I hold him the penis falls off. Then I realize I am the dancer.'

The patient's homosexual identification with the father-figure and what may have been a fantasied reconstruction of a primal scene is also portrayed in the following dreams.

(1) 'I am in a small chamber which has a window facing an areaway. There is another woman also present. A large brutelike man with a knife enters the window. He fights and stabs the woman. I am shocked. Then he falls into a faint and the knife drops from his hand. I place it back into his hand again. The woman becomes my mother.'

(2) 'I leave a citadel and go down a road to the prostitute section of a town. I am disgusted and return to the citadel where I see a man looking at my mother's breasts.'

(3) 'I am in a room and I see a white-haired doctor having intercourse with a woman.'

These dreams followed a period in which the patient was attempting to give expression to sexual feelings. The direct associations were memories of the period of invalidism, when the patient was alone in a room with her mother. The white-haired, brutelike man with a knife was the elderly surgeon who had incised some glands in the patient's neck and with whom the patient thought her mother might have been in love.

These dreams dramatically illustrate the patient's intense desire and fear of sexuality (positive oedipus feelings), her hatred of and dependence upon the mother figure, and her identification with the attacking masculine figure (inverted oedipus complex).

The patient had associated the reclining posture of the analytic situation with the period of dependence when she had tuberculosis. She was permitted to sit up and face the analyst. At the height of this period of release she sought to kill herself and so kill everything. Every emotion became identified with sexuality and in turn was directed towards the mother. Panic and rage followed each other and swamped any attempt at intellectual understanding.

Accepting the truth was likened to taking castor-oil from mother. She repeated again and again, 'You, mother, and life, I hate with a ferocity I fear to express. I can't accept the animal, sex, mother, within me. I won't—I'll kill myself first.'



*Summary*

The death of her father when the patient was a year old was a significant event of traumatic character for the patient. The mother invested her libidinal cathexis in her remaining object, the patient, after the loss of her husband to whom she had been closely attached. This intense emotional investment was inimical to the natural development of the patient, who in turn became attached to the mother with abnormal intensity.

The mother's depression following her husband's death must have been sensed by the patient and was remembered by her in retrospect through the old, bleak, haunted houses which constantly recurred in the many dreams about her mother. Following the period of mourning the mother concentrated her interest upon the patient. She permitted the patient, for example, to remain on the breast for almost three years. During these three years of overindulgence there were planted the seeds of that oral dependence which was to become one of the basic factors in the patient's subsequent neurosis. Between the ages of three and six the patient led a happy, carefree life in which she already showed evidences of identification with aggressive, dominating personalities, such as the maternal grandmother. During the period while she was ill with tuberculosis, between the ages of six and twelve, there occurred a reactivation of the oral dependence characteristics of early infancy. Tuberculosis having been the disease of which her father died, this illness became an added factor in her identification with her dead father and contributed to her further dependence upon and fear of mother. A paralyzing ambivalence towards the mother developed, which was subsequently displaced upon other individuals and into the analytic situation.

Complete identifications were impossible. The patient could not identify herself with the very object which would devour or annihilate her. Her statement, 'I am a dichotomy of two conflicting personalities', succinctly described her inner con-

flict. Beneath the passive, inhibited, conscious feminine aspects of her personality there seethed violent defying aggressive masculine elements. She had been unable to develop these two conflicting extremes into a well-rounded personality.

The patient had avoided the œdipus conflict with her mother by flight into homosexuality, and this already at the age of three years was manifested in her play activities. Recovering from tuberculosis the patient was inhibited, inferior and passive and unable to feel at one with the world about her.

The second case was that of an intelligent woman of thirty-two who came for analysis in a state of depression with intense anxiety, three months after her mother had committed suicide.

The mother's death had occurred during the patient's attempt to be cured of a progressively intense anxiety state of many years' duration. Upon the advice of the psychiatrist who had been treating her at that time the patient had left her mother, to whom she had always been closely attached since infancy, to establish her own home with her husband. The mother was bitterly opposed to this, and after the patient had left the city for a vacation had committed suicide by gas inhalation.

The mother's death had greatly intensified the patient's already existing anxiety and guilt feelings which had been present since earliest childhood. The close relationship between mother and daughter had had its inception when the patient was about six months old, when the mother had been divorced by her husband (patient's father), with whom she had been very much in love, and whom she had felt to be intellectually and socially superior to her.

Following the divorce the mother's emotional interests had shifted almost entirely to the patient. During early infancy the patient had lived with her mother and maternal grandmother. It was necessary for the mother to work, so that a large part of the patient's earliest childhood was spent with the grandmother. The grandmother died when the patient was six. She remembers her as the more indulgent counterpart of her mother. By both the patient had been overindulged to an

extreme degree. She was permitted to remain on the bottle until she entered kindergarten at the age of four and one half years. The mother's anxious concern was directed to and expressed about the problem of eating. Most of the quarrels which occurred concerned the patient's eating habits and took place at meal time. The patient would cause her mother great distress by refusing to eat, or she would resort to vomiting when more stringent measures were adopted. The patient remembers herself at six as being a fat, clumsy child. Matters of cleanliness and dress were treated with great emphasis. She had to be the cleanest and best-dressed girl in the neighborhood, and on any occasion when she was not, she felt entirely out of place, unclean, unwanted and unloved.

Very early in childhood the patient had become aware of her mother's idealization of intellectual prowess, and of the fact that that was what her mother most admired in her husband. Consequently, intellectual prowess became a fetish of the patient. She became the best student in the class. This was one of the determinants through which she identified herself with her father and in so doing hoped to be loved by mother as her father had been.

The patient's attitude towards her mother alternated between aggressive, wilful, stubborn defiance on the one hand, and passive guilt-laden inferiority on the other. An arrogant, aggressive, contemptuous attitude towards her playmates concealed the intense inferiority feelings which were always present. One playmate was an exception, in that towards her the patient was meek and submissive; this was Jane, who was the patient's concept of the ideal woman. She had attempted to be like Jane and to be loved by her. It was a severe shock, however, when the patient learned of Jane's marriage at the age of seventeen.

Her utter inability to establish a genuine rapport with men further increased her anxiety. Her attitude towards men was very superficial. She knew many men but was unable to feel intensely about any one of them. The men who did not care for her were always the ones she seemed to fall in



love with, and if it happened that any one of these became attentive to her, she immediately noticed some undesirable characteristic in him, and in this way rationalized her flight from him. Intense feelings of inferiority and unworthiness overwhelmed her whenever her heterosexual feelings were stimulated beyond a certain threshold.

Whereas the patient's father had been idealized by her mother, the patient was not at all impressed by him when at the age of thirteen she saw him for the first time, upon the occasion of a visit to the city. He was kind to her, bought her some dresses and took her to the theatre. There was a certain strangeness between them. She never saw nor heard from him again.

The patient was very fond of a maternal uncle who occasionally visited the home. His visits were very infrequent because he could not get along with the patient's mother.

When the patient was twelve years old her mother had remarried, against the patient's strenuous protest. This marriage proved unsuccessful after two months, and the patient again returned to her mother's bed.

The patient had masturbated actively since puberty. The accompanying fantasies were about the men whom she desired but felt unworthy of. Mutual masturbation had taken place between the patient and her mother, with whom she had slept in the same bed from earliest childhood. The patient had many conscious memories of her mother's petting and caressing and of the keen pleasure she had derived from the closeness of her mother in bed. In copious dream material the intensity of this relationship was further clearly illustrated. In the many dreams of intercourse with mother the patient was usually the aggressive partner. The patient remembered sucking the mother's breast and ear lobe until she was five years old.

Although ostensibly seeking an intellectually superior man, she married at the age of twenty-four a man to whom she had been sexually attracted but to whom she also felt superior in every respect and whom at times she held in the same contempt as she held her mother. This marriage represented an

unsuccessful compromise between her repressed sexuality and her neurotic defiant homosexuality. She attempted to satisfy herself and defy and irritate her mother at one and the same time. She had slept with her mother until she married—and in her own words, 'my husband took my mother's place in bed'.

The mother continued to live with the patient and her husband until very shortly before her death. During this period the patient constantly played husband against mother and vice versa, as her neurotic tendencies moved her.

Not feeling satisfied with her husband, and feeling also that her marriage was not permanent, the patient carried on several illicit affairs, about which she had such intense guilt that she invariably told her mother about them.

In the frustrating milieu of the analytic situation, the patient almost immediately regressed to the infantile phase of her life and begged for satisfaction on the oral level. There occurred many dreams in which she was eating, sleeping with, and loving the analyst. The patient obtained a male cat with which she identified herself. In her aggressive overindulgence of this cat, she acted out what she desired of the analyst in a very interesting fashion. She overfed this animal, as she had been overfed in childhood, and she overindulged it in many other ways through petting and pampering, to the exclusion of everybody else about her, and to the extent of arousing the jealousy of her husband. This cat appeared in many dreams, but the most significant was a dream in which the patient was eating raw liver which she usually fed the cat.

As in the case previously described, one of the important conditions for being loved in these single-parent situations is the identification with the absent parent: a homosexual bond is thus established between the patient and the remaining parent. The patient had many dreams in which she played the masculine rôle, possessed a penis, and engaged in love-making and intercourse with a mother figure. This illustrated her dilemma in a very pertinent manner, as between identifying with the mother figure and being a woman, or possessing a penis and being loved by mother. In one interesting dream

the patient is having intercourse with herself: she inserts her own penis into her vagina.

As the analysis progressed the patient became more and more able to accept her femininity. With the alleviation of the underlying anxiety it was no longer necessary for the patient to substitute child-mother relationships with other women. This resulted in bringing the patient's homosexuality more directly into the transference situation. Here the patient repeated in dramatic fashion the previous mother relationship in all its aggressivity and utter dependence. It was characterized by intense ambivalence. Utter helplessness alternated with an aggressive defiance. The patient vacillated between being the helplessly dependent child and the domineering aggressive phallic woman. She relived this dependence in the transference by getting into all sorts of awkward situations and then demanding the analyst (mother) to get her out of them. She demanded that he make every decision for her, but if at any time she felt that the decision had been made by the analyst she would in her perverse ambivalent manner do the exact opposite.

It required months of slow and tedious work to get the patient to the point of giving up her intense masculine defiance and of accepting her femininity without being precipitated into a state of panic. The analyst was either a mother surrogate in response to the patient's homosexual striving, subject to the full intensity of her infantile defiance; or the analyst was the object of the patient's heterosexual strivings, which induced panic and flight into homosexuality.

The intensity and nature of this homosexuality was also clearly demonstrated by the cat relationship, previously described, and by numerous fantasies and dreams in which the patient engaged in all kinds of love-making with mother figures. These dreams revived memories of the patient's childhood relationship with her mother, and from this material it was obvious how intense this had been.

Eventually and of her own conscious volition she became pregnant. Once pregnant, however, the previous state of



intense panic and flight into homosexuality recurred. This last step in the resolution of her œdipus complex she felt was more than she could tolerate. The pregnancy was further complicated by the fact that she identified herself with Jane, the girlhood friend whom she had idealized, who upon giving birth to her first child had developed a postpartum schizophrenia and had been hospitalized ever since. Being pregnant, having a baby and being a woman meant, among other things, to become psychotic. Again she brought dreams and memories of her early childhood with her mother, and again she relived that intense relationship of dependence and defiance. She was back in the room with her mother eating, sucking, sleeping, etc. She feared being swallowed and devoured by mother. She identified herself and her mother with the foetus. In one dream it was stuck in mother's throat and could not go up or down, typical of what her ambivalent attitude towards sex and mother had previously been.

In another dream the foetus was identified with fæces and she was bearing down in the act of defæcating, giving birth. In still another dream she was being aborted through the mouth. She pleaded to be aborted upon medical grounds, and the intensity of the recurrent symptomatology was enough to cause such a procedure to be seriously considered. In this instance the following interesting and significant dream verified the analyst's judgment to permit the patient to go to term, and it was also an indication of the analytic progress that had been made.

'I give birth to twins. One had prominent front teeth, a weak right arm and was bald. It dies. The other twin is a girl; it lives.'

The patient's mother had had prominent front teeth and a weak right arm. The patient's husband also had prominent front teeth and was partially bald.

Although some residual anxiety remained after the significance of this dream was worked through and understood by the patient, she had mastered the fear previously associated

with her feminine components, had dramatically incorporated and expelled, i.e. identified herself with, the mother, and had remained alive—had successfully taken mother's place.

She was delivered of a seven-pound boy a year ago and has been in relatively good health since.

### *Summary*

With the loss of her husband the mother's libido was concentrated upon her remaining object, the patient. The subsequent overindulgence of the patient resulted in oral fixation and the development of an intense homosexual relationship between patient and mother. When the patient assumed the aggressive rôle she identified herself with the missing father, while in the passive rôle she was the castrated, guilty, unworthy child dependent upon the phallic mother.

The study of these patients who were reared in a single-parent situation demonstrates the following significant factors:

- (1) An intensification in the relationship on the part of both child and parent occurred.
- (2) The buffer aspect of the natural biparental relationship was absent and the child developed an excessive dependence upon its remaining parent. This was manifested in the transference situation by an intensity that was far in excess of that usually present in female neurotics.
- (3) This excessive dependence brought about a thwarting of the healthy development of the personality.
- (4) An immature, highly narcissistic, poorly coördinated ego structure developed, which was utterly incapable of adequately controlling the instinctive forces of the id or of dealing with the external environment.
- (5) In both patients there occurred an undue fixation in the oral stage of libidinal development. The unresolved conflicts were expressed in infantile terms of oral dependence and oral defiance.
- (6) An increased primary homosexual attachment to the mother occurred. The narcissistic object fixation upon the

mother was very intense and traumatic in nature. As each developed genital heterosexual impulses (œdipus feelings), the mother became a castrating phallic figure of ominous proportions with which the child was unable to cope.

- (7) A withdrawal to a secondary homosexual pattern occurred in which in order to retain the love of this illusory castrating mother the child identified herself with the phantom figure of the absent father and in turn developed an intense penis envy with a relentless castrating attitude. (This was particularly significant in the oral animal dreams and fantasies of the first patient.)
- (8) The resulting unresolved conflicts of oral dependence, oral defiance, oral aggression, resulted in the development of an intensified oral annihilating superego structure. This in turn stimulated excessive guilt feelings, with the creating of a vicious circle in which greater anxiety and dependence in turn stimulated the oral defiance and aggression. The formula of the vicious circle can be stated as follows: dependence, inhibition of behavior, defiance, aggression, anxiety, (greater) dependence.

In such a setting, in which a severe superego developed as a compensatory factor in order to neutralize the unassimilated id forces, a split personality response was manifested by both patients. Their behavior either was motivated by the id, or after reaching a certain intensity it swung in the opposite direction and was dominated by the superego. Their behavior constantly vacillated between these two extreme poles of reaction. The fusion of the energy associated with these extremes, characteristic of a well integrated personality, was absent.



# THE PSYCHOLOGY OF OBSTINACY

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## I

Following Freud, we tend to look upon the phenomenon of obstinacy as a derivative of anal conflicts, a component of the so-called 'anal character'. The development of ego-psychology has emphasized the importance of the struggle between the ego and threatening forces from within and without. The mechanisms of this struggle underlying the phenomenon of obstinacy are somewhat complex but one can immediately see that obstinacy is the symptom of such a struggle. The obstinate person is one who fights, not to achieve some aim in reality, but rather to reestablish a subjective feeling of supremacy. Should he actually achieve the reality purpose for which he believes he is fighting, it loses all importance to him. Furthermore, he must quarrel again and again with characteristic persistency and stubbornness because the unconscious need—to establish a feeling of security through superiority—is never satisfied.

'Stubbornness' originally meant heroism. It is still used in this sense when it refers to the fight of a person or a group for a realistic aim in spite of the adversary's actual supremacy. We call this also a 'stubborn' fight, and it wins our approval and admiration because of its aim, even though it is similar to that of the neurotic inasmuch as it contains an irrational element in the persistence with which it is carried through against the probability of victory.

The following observations refer to neurotic obstinacy and stubbornness which is frequently a disturbing factor in interpersonal relations and is difficult to handle in psychoanalytic

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treatment. I had the opportunity of studying several patients whose general behavior was characterized by obstinacy. Since the mechanisms underlying their obstinacy differed widely, an examination of my findings seemed to present a good opportunity to study the phenomenon of obstinacy in general. I shall first present these findings and then try to delineate those factors common to all of them.

## II

The first patient was a young man who was twenty-four years old when he entered analysis. He suffered from compulsive acts, obsessional ideas and sexual shyness. He was a model student and had the typical attitude of such a student. The patient had a joyless childhood imposed upon him by a compulsively neurotic mother. In his early years she issued clear-cut injunctions against masturbation, injunctions that were perceived as castration threats and which soon made him regard her as a dangerous superior power. During the period of his strict training for cleanliness he would vigorously refuse to sit on the pot at the prescribed time and would strike out with his hands and stamp his feet. His mother punished him severely for this by locking him up for hours or forcing him to sit on the pot in front of visitors who ridiculed him.

When the patient was five years old a sister was born, and this to him signified the fulfilment of his mother's threat that she would withdraw her love because he constantly opposed her wishes. Similarly, her castration threats seemed more probable of fulfilment when he discovered that his little sister had no penis. From that time on the patient felt it necessary to comply with his mother's demands and he became a model child with one exception: he still refused to perform his toilet functions when requested.

During his adolescence his protracted constipation led to various intestinal disturbances. He also developed a fear of all sickness, especially of infections, and anxiously avoided

sexual activities. He almost completely withdrew socially, stayed at home in the dull family environment and gave most of his attention to his studies.

The patient's defensive attitude, his rigid behavior and his avoidance of emotional excitations were affected only after a long period of treatment. When his attitudes toward his mother as they appeared in the transference were being analyzed, he recognized his fear of the mutual aggression in their relationship for the first time and he finally relived his childhood battles with her in fantasy. By his behavior in the transference situation it became clear that he anxiously avoided giving expression to his anger at her. His attitude during this phase of the analysis can be summed up in a few of his most usual complaints such as, 'What more do you want of me? I come punctually, I pay punctually, I lie quietly on the sofa; and I even talk, just to please you. You must have observed that it is a great effort for me to do so. I tell you when I feel afraid and when I'm angry at you. I even tell you calmly what I don't like about you.' Then, very politely, he added, 'Today I happen to be furious with you.' In this way he clearly displayed the phenomenon Freud described as 'obstinate obedience'.<sup>1</sup> This form of obstinacy arose in the analysis whenever he perceived the feeling of mounting anxiety which accompanied his rage.

When his anxiety had been somewhat reduced by insight into its causes he became manifestly aggressive toward the analyst although his open opposition during that period still alternated with obstinacy. Stamping his feet and striking out with his fists alternated with constipation. He would come to the analytic hour very late and excuse himself by saying that if he were punctual he might run into the patient ahead of him and that he would then become too conscious of the fact that the analyst was not solely at his disposal. Waiting

<sup>1</sup> Freud: *Character and Anal Erotism*, Coll. Papers, II; *On the Transformation of Instincts with Special Reference to Anal Erotism*, Coll. Papers, II; *Instincts and Their Viscissitudes*, Coll. Papers, IV; *Three Contributions to the Theory of Sex*. New York: Nerv. and Ment. Dis. Pub. Co., 1910.



meant begging for something, feeling degraded. He struggled when he felt that the analyst confronted him with demands, such as that he should talk and, for a time he would start to talk only towards the end of the hour. 'I shall speak when I wish to, not when you want me to.' At the same time he refused to listen to anything I said. Finally he would remain on the couch after I arose to indicate the end of the hour.

At length my even-tempered attitude would drive him into a genuine tantrum and he would scream at me, 'Why don't you explode?' The reënactment of his passion for revenge on his mother in his aggressive feelings toward me became very clear because she had never 'exploded' either. When he provoked her as a small child she was always even-tempered and simply locked him in his room or refused to speak to him for weeks.

His attitude of aggressive obstinacy reached a climax one day when he came too early and had to wait a short time. He declared that he would not lie down on the sofa as every other patient did, that he wanted to sit in a chair because in that position, he told me, he felt himself my equal. Lying down reminded him of being forced to go to bed and to sleep while his parents were still awake and doing quite different things from sleeping, a thought which increased his anxiety. When he sat opposite me (his chair was somewhat higher than mine) he could look down upon me and berate me freely because of his dominating position. He would tell me what a disgusting person I was, how ugly my office was and would then point out that in a sitting position he could talk just as easily as I. He was visibly satisfied, and toward the end of the hour understood and accepted my explanation of his attitude, that if he didn't quarrel with me in an effort to master me he felt small and inferior, just as he used to feel toward his mother when he was a little child. After gaining this insight he became friendly and coöperative while I strengthened his self-confidence by pointing out that *he* deserved credit for solving this or that problem. At length he succeeded in giving up his aggressive

obstinacy sufficiently to uncover the castration fears which lay behind it.

The patient, as we have seen, was openly rebellious in an early phase of his life and assumed an attitude of stubborn obedience in a later one. In the early phase he counteracted the fear which he had acquired in a still earlier phase (in his second and third year) and ventured to fight his stern mother by bursting into unrestrained fits of temper. With the birth of his sister (at the height of his *œdipus* complex) his castration fear was further mobilized and at the same time he felt himself threatened with the loss of his mother's love and care. Consequently, in order to still these anxieties, he was forced to renounce his manifest aggression in favor of obstinate obedience.

Now let us look at a quite different case whose stubbornness had an exquisitely oral character. A twenty-eight-year-old woman on the verge of a psychosis, with certain aspects of her emotional development at the level of a two-year-old child, came to analysis because of anxiety attacks, manifest sexual fears, depressions and vomiting. She had a twin sister and two sisters much older than herself. Her father had died when she was three years old. She lived with her mother, her twin sister and her oldest sister. She had slept in a bed next to her mother's for years because her fears kept her from sleeping in a room by herself.

At the beginning of the analysis the patient was usually silent, fearful and mistrustful. She showed complete lack of understanding of the rules of analysis, not because of a lack of intelligence, but because she did not want to understand. Her guiding principle was: 'I don't want to exert myself'. She did not understand this symptom as a defense against anxiety and she rejected any explanation in advance, saying, 'I love to contradict'. Nevertheless a positive transference was soon established and because she felt protected by the analyst some of her fears became less intense, especially the fear of a recurrent fantasy, that of a crazy man, naked, with erect penis. At

the same time her vomiting became less frequent. When it finally became possible to get her to talk connectedly, I learned that she lived as far as possible in an infantile fantasy world. The extent to which this world had replaced reality cannot be described within the limits of this paper, but it was a world filled with magicians and witches, with evil eyes that could make little girls pregnant, with kings and princes, and with polymorphously perverse wish fantasies. It soon became clear that she experienced intense pleasurable excitement whenever she fantasied. When her anxiety permitted, she behaved like a small child abandoned to its instincts in a sexually tempting situation. It was found out that she knew nearly nothing about sexual facts and further that it was very difficult to enlighten her, because she promptly injected fantasies into every objective explanation. The same thing was true of her recollections which were always retold in an altered form. When I pointed out the fact that she had described the same situation differently before, she maintained that I was mistaken and added, 'What a miserable memory you have!'

It may be sufficient to state that the disturbance in her ego development was brought about by specific childhood experiences. For example, the day her father died the patient's mother tried to stab herself and her children with a kitchen knife but was forcefully restrained by other adults. The members of her family were in a constant state of anxiety, ready to exhibit panic on the slightest pretext. As they constantly increased her fear of reality, they also abetted her flight from it by eliminating every encounter with it, thus enabling her to live practically undisturbed in her daydreams. Her experiences in reality were simply used to ornament her fantasies. When a seat was offered her by a man in the street car she would immediately transform him into a prince who was escorting her to his palace. At the same time she derived a narcissistic gratification from these daydreams by concluding that she differed in a highly original manner from other human beings by virtue of her world of fantasy. Her weak ego made no objection to this behavior.



She tried in every way possible to force her mother to devote herself exclusively to her. Once she complained bitterly about her mother, saying, 'She wants me to put on my garter belt standing up'. I asked her how else she could do it, and she said, 'Well, lying down'. It turned out that the belt was laid on a sofa, as one might place a diaper, then the patient lay down on it and her mother had to button it and fasten the garters. This is one of many examples of her behavior. Again and again she vainly sought her mother's protection from the deep anxieties that assailed her. What she really needed was protection from the dreadful magic powers which she feared.

The patient soon transferred these demands onto her analyst. The picture which she presented was really that of a very small child, in turn weeping helplessly, complaining, a moment later giggling, trying to annoy me, jealous, curious, contradictory, and almost always excited. After a time a violent and head-strong resistance arose. Her wish was that I love her and her alone, that I take care of her and masturbate her. I repeatedly pointed out that an intimate friendship with me could never develop, but she had no comprehension of what I said and twisted all my words and her own real experiences as well, to fit in with her wishes. The analytical situation was a grave frustration for her and she manipulated matters so that she never had to recognize its reality. The focal point always remained: 'If I want you to love me, then you must love me', and 'my love is so powerful that it can compel you to love me in return'. At times she would simply say, 'If I want a thing badly enough, I'll get it'.

It became clear that this stubborn attempt to force matters served as a defense against anxiety, a defense which was in a large measure successful because the patient's abnormal environment had enabled her to deny reality. On only a few occasions, when she feared the loss of my love, and after repeated logical explanations of the real situation, did she actually experience frustration and perceive it as such. On these occasions she became obedient and very timid.

The patient's obstinate behavior seemed to be the frank reënactment of the behavior of a very young baby who is just beginning to show signs of object cathexis. By crying, the infant tries to force its mother to come to the bedside. When the mother is there, it beams; when she goes away, it again begins to cry. It was this oral phase of development at which the patient expressed herself. Her obstinacy did not have its point of fixation at the period of bowel training, but at a much earlier time, in a period when the ego was still undifferentiated and when it could offer the child practically no protection. It had to seek protection from the danger of being overwhelmed by anxiety through the presence of the mother or her surrogate. The infantile conception is 'I need only feel a desire, express that desire by crying, and the protecting mother immediately appears'. In this phase magic prevails: will is equivalent to power. 'Through my will I can make others adjust themselves to me. I have the power to summon protection magically at any time; I am omnipotent.' If the protecting agent does not appear, the child screams continuously because it feels that its screaming will force mother to obey its will. This 'powerful' screaming reduces the feeling of helplessness. Confident of its magical powers, an infant can cry for hours. Simple nursemaids and mothers say, 'Children are wilful. They believe they *must* have their own way'. As long as the patient was not shaken in her belief in her own magical power, her feeling of omnipotence served as a protection against anxiety.

The following case history reveals a developmental disturbance in the late oral and early anal period. The patient entered analysis because he suffered from ejaculatio præcox. He was sloppy in appearance, hesitant, timid and absent-minded. At the beginning of the analysis he showed a marked lack of a sense of time or order and of any feeling for cleanliness or organization. It was equally apparent that food and eating played an important part in his life. If he had to dine in a restaurant, he became very distressed because he only liked bland, unseasoned food which he ate in large quantities.

Though he was raised on the bottle, his two younger brothers had been breast-fed. His subsequent attitude toward his mother on the question of eating might be expressed as follows: 'If she won't give me anything to eat, I won't eat by myself,' and for years he was a feeding problem. He had a similar attitude regarding defæcation: 'If mother won't give me any more enemas, I'll just hold back my stool'. He recollected that enemas had stimulated his desire to masturbate and that he was often constipated so that his mother was obliged to resort to them.

During the analysis he tended to resist any demands made upon him and actually fled from his thoughts and memories. His protest ran something like this: 'If you don't tell me anything about yourself or tell me what I should say, I can't say anything to the point. I realize that I'm no good. If you don't dispel my difficulties, the analysis just can't go on.'

It is obvious from these facts that this patient tried to achieve by force gratifications that reality had denied him. This is a universal childhood tendency, but the mechanism which he employed, the constant endeavor to project responsibility on to the partner of the moment, and the extent to which he used it, are pathological. His affect was perceptible only in moments of anxiety and he never behaved aggressively. There was a definite pleasurable component in his feeling of inadequacy. His object relationships were fleeting and conditioned by fear.

I believe that this form of obstinacy is best characterized by the phrase 'passive resistance'. (This term also applies to the even more primitive woman patient previously described.) Because of the primitive structure of this patient's ego, his stubborn attitude gave the impression of being more archaic than the obstinacy usually encountered in compulsion neuroses. This archaic form is evinced by attitudes of the undeveloped ego towards its objects. These objects impose frustrations and in particular tend to deny the child's ego any protective measures against its anxiety. Even at a later period, when the child opposes efforts to train it for cleanliness with obstinacy, it is only trying to deny the fact that its own power is limited



and that stronger external forces can impose their will upon it. Still later, when the superego is consolidated, we see that when obstinate persons act stubbornly toward more powerful persons in the external world they are primarily acting out a conflict with their own superego. Just as obstinacy in early childhood is a means of combating threats imposed by the environment, so it later serves to combat threats of the superego, which are in part derivatives of castration fear.

Let me describe another case, one in which a more mature personality made use of obstinacy in her struggle with her superego. Shortly before this twelve-year-old high school girl entered analysis, she had been deeply frustrated by a sharp decline in the family income. Although she had been extremely spoiled as a child, her early development was in other respects more or less normal. When the reality frustration occurred, she developed a taciturn and sullen manner and, in spite of her intelligence, gradually became a poor student. At the beginning of her analysis she was inaccessible, denying that she had any difficulties. Every leading question was parried by a shrug of the shoulders or by pouting. She would say, 'How can I study when I have no desire to? How can I speak when nothing occurs to me?', and then she would become silent.

When she had been relieved of some of her worst fears, it was possible to investigate her obstinate behavior. Her father was the kind of person who makes a secret of insignificant trifles and to this her generalized response was 'Why should I tell anybody anything? Nobody tells me anything. . . .' The girl's reaction to the changed financial condition of the family was expressed by such phrases as, 'If I haven't a room of my own, I can't do my home work'. Other seemingly pointless comments were, 'If they put me so close to the window in the classroom, I can't help looking out and daydreaming', and 'I can't avoid being late if they always ring so punctually'. The real unconscious meaning was, 'If mother didn't give me a penis, how can I possibly be clever?' and with remarks of this kind the patient strove to prove her innocence against

strong unconscious guilt feelings. The unfortunate external changes in her life were unconsciously perceived as a punishment and this unconscious perception forced her to defend herself against her further threats from the superego by stubbornness. She felt her superego as an object completely divorced from her mental organization, that is, she projected it outwardly. As she described it, 'I think of my will as a living human being who wants to force me to do things. That's disgusting. I won't be forced to do anything.' By thus projecting her superego onto objects in the external world, she could direct her obstinate behavior against those objects.

This, perhaps, is what we usually mean when we speak of 'obstinacy'. The obstinate person, in this meaning of the term, is one who opposes people in the external world for the purpose of solving a conflict between ego and superego. After the superego has been projected outwards—and the individual's feeling of responsibility correspondingly diminished—obstinacy is once more turned against the environment. In other words: after the superego has been projected, an intrapsychic conflict is once more carried on with the original object of identification.

### III

In a further attempt to clarify the etiology and function of obstinacy we must ask the question: What have the different forms of obstinacy in common? Obstinacy served all four of these patients as a means of protection against anxiety and guilt. It may be said that obstinacy is one of the means of combating anxiety, especially anxiety which is rooted in feelings of inferiority and humiliation.

What differentiates obstinacy from other attitudes that have the same aim? It is certainly an attitude of resistance the purpose of which is to impose one's will on the other party. The second patient made this quite clear when she said, 'If I wish you to love me, you must love me'. Let us recall the small child's feeling of omnipotence. It is convinced that it can force

mother to do its will. And then let us think of the type of obstinacy revealed by the first two patients. They were struggling for this very omnipotence; they tried to convince themselves that they were stronger and more efficient than their opponents in spite of their real inferiority. While persons with a healthy ego establish their self-confidence and self-esteem by achievements in reality, the neurotic person described attempts to acquire a feeling of self-esteem through magic feelings of omnipotence. Thus, obstinacy tends to protect the individual against anxiety by enhancing the feeling of omnipotence whenever this feeling is threatened by either a real object or the superego, or by a real object onto which the superego has been reprojected.

Obstinacy usually engages in moral, rather than physical, attack and counterattack. Ideas of right and wrong and the magic law of retaliation are paramount. The stubborn person is eager to demonstrate to a witness, either real or imagined, that injustice has been done to him. By that action he tries to reestablish his self-esteem and reduce his sense of guilt. The various daydreams about one's own death or suicide, for which some other person is responsible, seem to have as their central idea: even death is a means of proving that others were at fault. The satisfaction in this daydream lies in anticipating the partner's defeat. The feeling of being 'right', the feeling that one has fulfilled the demands of the ego ideal is a gratification of one's self-esteem; and this becomes more important when the primary satisfaction of being loved has receded into the background. That is why the obstinate child fights so hard for his 'moral rights'. In proving the adversary's guilt, the obstinate person achieves a moral satisfaction which increases his self-esteem and helps him overcome his fear. The very aim of obstinacy is to prove that the partner (later the superego) has broken the 'contract', as it may be called.

The connection between obstinacy and self-esteem is seen in the fact that greater obstinacy is displayed by people whose self-esteem is unstable. As a defense against anxiety, these people must prove to themselves that they are more powerful



than others, but since their opponents are objectively stronger than they, it is necessary for them to choose shrewd, secret, or purely magic means of expressing their aggression.

The German verb *trotzen* originally merely meant to resist a more powerful enemy, frequently in an open and courageous manner. The hero, as a person who resists some tremendous power single-handed, is *trotzig*. Mythologically, the 'stubborn' hero is represented by such figures as Prometheus and Wilhelm Tell. Other heroes succeeded 'in spite of' (*trotz*) stronger enemy forces by other means, by magic, by cunning, or by hiding their real intentions behind masks like madness, confusion or silliness. When the hero David kills the giant Goliath, he, being the weaker one, has to use the sling—intelligence circumvented brutal force. Finally, as a noun, 'spite' has always meant the circumventive type of aggression.

The way in which this hidden or magic aggression of the obstinate person operates is also revealed by the very nature of this word. The 'obstinate' person is *ob*, against somebody, and *tinat*e, holding back. 'Obstinacy' is holding back for the purpose of opposing.

Up to the present this function of obstinacy for the ego has been less stressed in psychoanalytic literature than the fact that obstinacy derives from anality. Considering our material and having just stressed the 'holding back' attitude, we are far from denying this. In the period of training for cleanliness a more powerful person for the first time is placing restrictions on personal freedom and is asking for a part of the child's property. And then the child discovers that it, though inferior, has the physical means to refuse obedience to a certain degree. Later on the child, and sometimes even the adult, feels he must deny his dependency: and he regresses to the anal situation. This condition is the basis of all later forms of obstinacy. Characteristic is the typical muscular reaction of the obstinate person; tightening the corners of the mouth, pushing the lower lip forward. All this tension around the mouth gives the impression of something held back and is probably a displacement 'from below upwards' of the tension of the anal sphincters.

An obstinate 'silence' has the same significance. This attitude is the physical expression of rebuffing the demands of the adversary and deciding to carry out one's own will. But it should be added that before the anal period, in the infant of a few months, we find the wish to force the mother to do something. This infantile forcing serves as yet no complicated defense purposes. It is mainly the infant's attempt to prove its omnipotence. It screams because of hunger or pain, but it also screams when it wants to enforce its will in an impulsive desire to confirm its sense of omnipotence. Although this activity cannot as yet be called obstinacy, still it is the model for obstinacies that develop later. Our second case, the girl with the infantile ego, clearly represented this oral 'pre-obstinacy'. In cases of 'anal' stubbornness we find residues of this 'pre-anal' root of obstinacy.

Some obstinate patients cease to be obstinate when a situation arouses their fear. This seems to be a contradiction of our statement that obstinacy is a defense against anxiety, but such is not necessarily the case. If a defense mechanism fails in a situation of overwhelming anxiety, it is no proof that it was not a defense mechanism, but only that it proved insufficient. In that instance we have a situation involving three layers: (1) a state of anxiety, (2) obstinacy as a defense against that anxiety, and over and above this, (3) anxiety breaking through, thus circumventing the obstinacy. This was clearly demonstrated by our second patient with the archaic ego, when her fear of reality began to break through. In other cases the picture is complicated by an interposed layer of aggression. For example, the first patient, the model student, revealed the following pattern: (1) a state of anxiety, (2) about it, aggression to combat the anxiety, (3) above this aggression anxiety once more, and (4) the layer of obstinacy. In the analysis we broke through both the obstinacy and the aggression to reach the primary anxiety. So-called 'passive obstinacy' is a compromise between the tendency toward aggression and the primary anxiety which threatens to break through this aggression. This was exemplified in the passive attitude of the third patient.

For him obstinacy was an escape, a compromise between his wish to take revenge on his mother and his brothers, and his need to avoid the fear of being ridiculed and punished. He thus gained self-esteem by projecting responsibility for his behavior on to external objects, thus exonerating himself, while at the same time he enjoyed his revenge.

The struggle to achieve a feeling of omnipotence is very different from a struggle with reality aims. The purely narcissistic aim of the obstinate struggle was well characterized by the utterance of a boy of eight: 'When at last I actually get the things I fight for (toys, permission to do certain things, etc.), I don't care any more about them. The main thing is to make my mother give them to me. The thing itself I really don't need.'

In investigating the phenomenon of obstinacy in these cases, we tried to understand why that particular mechanism was developed. Just as in other defense mechanisms the development depended partly on an unknown constitutional factor, but partly on the history of the individual child, that is, on the specific experiences determining his anxiety, on the degree and the form of anal fixation, and on the extent to which he was permitted to discharge his aggressions.

Compared to the other methods of bolstering an endangered self-esteem, obstinacy apparently has certain advantages. Those who have observed children closely will perhaps agree that children who want to attract attention by boasting, let us say, are not usually successful for long. Sooner or later they are ridiculed or rejected by others. Children who deny their insufficiency or size are soon called liars and they do not succeed in achieving their main objective. But a child who will not eat, because it thinks that its mother is vulnerable on that score, may be more successful. The mother feels hurt, the father gets angry because the mother is hurt and sends the child from the table. The child then sets up an imaginary court and charges its parents with cruelty. Instead of feeling sorry for it because it cannot eat, they even forbid the child to eat and



it is thus convinced that its feeling of being neglected is justified.

Obstinacy, however, is certainly not an ideal method of obtaining this end. The obstinate child cannot avoid feeling weak again and again, because it actually is weaker than its environment. That is why the obstinate child is never really happy in spite of apparent victories. It is usually grouchy and offended, feels itself imposed upon and unjustly treated and is always on the alert to defend itself. Finally, by using obstinacy as an instrument of defense, secondary guilt feelings arise within the child and make it feel more unhappy. This guilt for being obstinate must decrease the self-esteem and defeat the aim of the child's obstinacy, thus starting a vicious cycle. The obstinate person is driven to repeat his pattern just as other neurotic attitudes are repeated, despite the fact that they have been unsuccessful and even harmful.

#### IV

I cannot contribute anything new to the therapy of obstinacy. In discussing the case of the compulsion neurotic, I called attention to the fact that in analyzing obstinacy, the attitude of the analyst is of greater importance than the content of his interpretations. Interpretations can be accepted by the patient only after he has ventured out of his defensive attitude and he can do this only when his ego has become stronger and more courageous. The analyst can strengthen the patient's ego by freeing him from some of his fears which are transferred to the analyst. The therapist must, above all, avoid giving the patient the impression that he, the analyst, is reacting to obstinacy with counter-obstinacy. Again and again, he must confront the patient's obstinate attitude with reality and certainly not make any ironical remarks about the patient's obstinacy.

In some of the cases reviewed it appeared advantageous to increase the patient's self-esteem by praising his efforts, as far as the analytic situation permitted, in a manner which was indicated in my description of the first patient's treatment.

## BOOK REVIEWS

THE LIVING THOUGHTS OF FREUD. By Robert Waelder, Ph.D. New York and Toronto: Longmans, Green & Co., 1941. 168 pp.

This small volume is one of a series by eminent living authors, which seeks to present the thoughts of great men who have laid the foundations of our civilization. The idea of such a digest of the contributions of the world's great thinkers is in keeping with our times, in which digests of all sorts have become necessary and popular. The difficulties faced by Waelder in essaying to present excerpts from the works of Freud which will convey the essence of his thoughts will be immediately apparent to the analyst. After an orienting historical introduction, in his usual clear style, Waelder presents within 136 pages excerpts from the Problems of Lay Analysis, the New Introductory Lectures, Moses and Monotheism, Outline of Psychoanalysis, Autobiography, General Introduction to Psychoanalysis, and One of the Difficulties of Psychoanalysis. These succeed in giving the reader some intimate contact with Freud's thinking, but they are for the most part abstruse and difficult reading for the layman; whereas Freud is speaking of the daily realities of his practice, the layman has no such experience and can only endeavor to follow the thought itself. Hence the excerpts on dreams, on the superego, and on education will probably have more appeal than the opening theoretical discussion of personality structure and repression. A presentation of psychoanalysis would be an easier task than a presentation of Freud's 'thoughts'. The lack of clinical material gives one the feeling of being introduced to an abstract system rather than of learning to observe psychological realities. However, certain educators emphasize acquaintance with the 'thoughts' of great men, rather than with the realities revealed by science. Despite the fact that Waelder has done a remarkable job in presenting so much of Freud in such a short space, there is danger that this volume will give the impression that Freud was primarily a theorist rather than a great empirical observer.

The book is of particular interest to the analyst because it brings out clearly the extent of advance in psychoanalytic knowledge (except in the fields of dreams and of personality structure) since Freud showed the way. Waelder has skilfully managed to

select excerpts which present in this short space expositions by Freud of the basic concepts of dream analysis, of the anatomy of the mind and the goal of psychoanalysis, of the infantile and sexual aspects of neurosis, and of applications of psychoanalysis to literature, to the psychology of religion, and to education. The book would profit by a table of contents and by references to the original papers of Freud.

LEON J. SAUL (CHICAGO)

CONCEPTUAL THINKING IN SCHIZOPHRENIA. By Eugenia Hanfmann, Ph.D., and Jacob Kasanin, M.D. New York: Nervous and Mental Disease Monographs, 1942. 115 pp.

This is an exceedingly painstaking and well thought out experimental study of thought disorders in schizophrenia. It does not attempt to discuss this topic exhaustively but rather to see what light can be thrown upon the problem by a single experimental technique.

The procedure is based upon experiments of the Russian psychologist, Vigotsky, whose methods are followed with slight modifications. The subjects are given twenty-two wooden blocks, varying in color, shape, height, and size. On the underside of each is written one of four nonsense words. The subject is told that there are four different kinds of blocks before him, that each kind has a name and that his task is to find and to separate these four kinds. The examiner then shows him the name of one block and asks him to pick out all blocks which he thinks might belong to the same kind. After he has attempted to do so the examiner turns up one of the wrongly selected blocks showing that this is a block of a different kind and then encourages the subject to continue trying. This procedure is repeated until it becomes clear whether he is able to complete the task of separating the four kinds. The subject is encouraged to think aloud and all comments are recorded in detail throughout the experiment.

This test was given to three groups of subjects: schizophrenic patients, healthy adults and patients with an irreversible organic brain disease. Of the schizophrenic patients twelve had attended college for some time; two-thirds of the remaining fifty had only grammar school education. Of the healthy controls fifty were college graduates and forty-five were attendants in a state hospital. The latter were well matched as to age and educational level



with the group of schizophrenic patients who had not attended college.

Upon the basis of the subject's procedure and remarks the authors attempt a detailed and careful classification of the types of response to the test and then make use of this analysis to distinguish three different levels of performance: a primitive level, an intermediate level, and the highest level. In the highest level it could be demonstrated that the subjects utilized a systematic procedure based upon classification of the blocks in terms of a general concept, such as all blocks of a particular color or shape, or of a particular color and shape, etc. At the intermediate level certain rules of procedure were followed but these rules had only limited generality. At the primitive level the subjects were not guided by any general concepts but recognized only connections (similarities, differences, or other relations) between one individual block and another.

Comparing the performances of the different groups, the authors concluded that for the most part only the group that had attended college was capable of a systematic classification based upon general concepts as required for the highest level of performance. The greatest differences encountered were between some college educated schizophrenics and the normal controls of the college educated group.

The performance of many of the schizophrenics was at the primitive level but the difference between the less educated group of schizophrenics and the corresponding normal group was less than that between this normal group and the normal group who had attended college. Moreover, a large proportion of the schizophrenic group showed no impairment as compared with the corresponding normal group.

Many of the schizophrenics were not able to understand the basis of classification even when it was explained to them after the test; whereas the less educated normal group, although they may not have been able to find the basis of classification of the blocks themselves, had no difficulty in understanding it when it was explained to them. This was the outstanding difference between the performance of the schizophrenics and the normal controls among the less educated group.

Among the schizophrenics the clinical pictures of those whose performance was defective as compared with the corresponding

normal group were for the most part 'characterized by one of the following syndromes: (1) a disturbance of intellectual functions which finds expression in a tendency to incoherence and irrelevance; (2) marked dissociation with extensive fantastic elaboration of ideas; (3) paranoid-hebephrenic trend with dull affectivity.' The test performance of schizophrenics with other clinical syndromes was usually much better.

Comparison of the schizophrenic group with the group of patients with organic brain disease showed that the performance of the organic patients fell far below that of the schizophrenics but the character of the thinking disorder seemed to be of the same general character in the two groups.

After a brief discussion of the literature the authors offer the very tentative hypothesis that the similarities between the thinking of schizophrenics and that of organic patients 'are sufficiently striking to suggest the possibility of somatic origin of schizophrenic disorder or rather of some of its variants'.

However, one of their findings is not given sufficient importance. In some cases the authors report that the performance of the subject deteriorated sharply upon the development of an emotional disturbance during the test. This fact is consistent with that view of schizophrenia which regards the disturbance of thought as a secondary result of disturbances in the emotional sphere rather than with the view which the authors seem cautiously to favor, that the disturbance of thought is primary.

THOMAS M. FRENCH (CHICAGO)

PSYCHODYNAMICS OF ABNORMAL BEHAVIOR. By J. F. Brown, Ph.D.  
New York and London: McGraw-Hill Book Company, 1940.  
484 pp.

The author thinks that the time has come to present psychodynamics in a systematic way and correctly states that no exposition serving precisely this purpose exists in the textbook literature. He recognizes that the elaboration of a systematic dynamic approach in psychology was made possible by Freud, 'the individual, more than any other, responsible for this . . . position'. Most of the findings, theories and methods of psychoanalysis are accepted by the author. As a matter of fact, he bases his main teachings on psychoanalysis. However, he thinks that the psychoanalytic theory stands in need of methodological correction in many details and that

experimental psychology may soon be in a position to furnish this correction.

The book is in five parts. The first and last deal chiefly with methodological questions. The first attempts to elucidate the psychosomatic viewpoint. 'Every sample of human behavior, normal or abnormal, presents both a physiological (or organic medical) and a psychological (or psychiatric) problem.' The last part discusses the findings and problems of experimental psychopathology. The author believes that this branch of psychology is finally in a position to clarify some of the basic problems of motivation and personality structure. Of all the approaches to experimental psychopathology the topological approach seems to him the most promising one. He compares his views on topology (which are very close to those of Kurt Lewin) with the corresponding psychoanalytic views in a way which deserves the interest of anyone who attempts to go deeper into methodology.

In the second part dealing with symptomatology (abnormalities of the cognitive, motor and emotional processes) stress is not so much laid on a complete enumeration of the pathological phenomena as in other textbooks but on the rôle of symptoms as signs of a sick personality. This permits a kind of systematization that merely classificatory treatises have been unable to achieve.

Symptoms are 'surface phenomena which are related to underlying dynamic factors'. These underlying processes are treated in the third section, which is mainly a presentation of Freud's discoveries and theories. It can be regarded, on the whole, as an objective and valuable introduction to psychoanalytic knowledge. Some parts are especially well formulated from the didactic point of view. Several typical criticisms of psychoanalysis are discussed and refuted. Some methodological criticism is found justified. However, the author's criticism of Freud's theory of instincts mainly indicates that Brown does not fully realize the difference between Freud's concept of an 'instinct' (*Trieb*) and that concept as it is commonly used in biology. He also misunderstands the peculiarities of Freud's conceptions language when he accepts the frequently heard objection that Freud did not succeed in 'really ridding himself of all the characteristics of demonology'.

The theories of Adler, Jung and others are briefly presented 'because today it is increasingly realized that psychoanalysis is the most systematic and probably scientifically the best founded'.



Some of Part IV, Psychiatry, was done in collaboration with Dr. Karl Menninger. The extent of psychiatric problems in the modern world, the training of the psychiatrist and the general outlines of his activities are stated clearly and convincingly. Other chapters give a concise account of psychoses, neuroses, abnormalities of sexual behavior, character disorders, and the psychology of the genius.

The book has remarkable didactic qualities and will serve its purpose excellently. The crystallization of the general principles of psychodynamics and the confrontation of psychoanalysis with other dynamic theories and methods are of particular interest. Some methodological positions, theoretical concepts and formulations may be questioned but this is inevitable in a first systematic attempt of this kind. The book as a whole can be regarded as a positive step in the development of the literature of psychopathology.

H. HARTMANN (NEW YORK)

MARTIN LUTHERS UMWELT CHARAKTER UND PSYCHOSE SOWIE DIE BEDEUTUNG DIESER FAKTOREN FÜR SEINE ENTWICKLUNG UND LEHRE. I. DIE UMWELT. II. LUTHERS PERSÖNLICHKEIT, SEELENLEBEN UND KRANKHEITEN. (Martin Luther's World Character and Psychosis and the Influence of These Factors on His Development and Teachings. 2 Volumes.) By Paul J. Reiter, M.D. Copenhagen: Ejnar Munksgaard. Vol. I, 1937, 402 pp. Vol. II, 1941, 633 pp.

The first of these two volumes is mainly devoted to a painstaking study and description of the spiritual world and physical environment of the great German reformer, Martin Luther. The second volume is a psychological description of Martin Luther and an analysis of the interrelation between his personality and the social structure, as it was expressed in Luther's teachings and beliefs. Neither a historian nor a theorist, but a psychiatrist of the Kraepelinian School, who apologetically uses a certain reading knowledge of psychoanalysis, Reiter fights a heroic fight against the specialists on several fronts. He succeeds in giving a vivid and instructive description of Luther's times and, to a lesser degree, of Luther's life and personality. The enormous amount of historical material which is collected in the pages of this book might be helpful to someone who wishes to write a truly understanding study of Luther

which the book itself fails to do. Committed to the opinion that Luther was a great reformer with a manic depressive psychosis, the author cuts all of his material to fit neatly into the titles and subtitles of Kraepelinian psychiatry.

Starting with the historical background of the late Middle Ages and Renaissance, he describes Avignon and the papal schism as it was related to the changing structure of society in Germany and especially to the development of mysticism and humanism. The crisis in the Catholic church found its counterpart in the decline of the German nobility. The last chapters of the first volume dealing with Luther's more immediate environment contain cautious and somewhat apologetic attempts at a diagnostic evaluation of Luther's melancholic constitution, choleric temperament, and something which the author calls 'neurosis'.

In the second volume Luther's personality, his mental life, and his physical sicknesses are described in detail. There is no reason to disagree with the author's final diagnosis of manic depressive psychosis, his description of Luther's many conversion symptoms, and those arising from his organic illness. The care with which the several typical and atypical psychotic periods are described is admirable. A 'dream experience' (Vol. II, p. 308) is of considerable psychoanalytic interest. However the author nowhere dares to take the decisive step from description to dynamics. (Even Luther's torturing ambivalence toward his God [*Quando Christiem inspexi, vidi diabolum*'] is not discussed in detail.) This is a great pity because Luther typifies the psychological struggle of Germany in the Middle Ages and, perhaps, of the German people of all times.

MARTIN GROTJAHN (CHICAGO)

SCIENCE AND SEIZURES: NEW LIGHT ON EPILEPSY AND MIGRAINE. By William Gordon Lennox, M.D. New York and London: Harper and Brothers, 1941. 258 pp.

According to the author, Assistant Professor of Neurology at Harvard Medical School, this book about epilepsy and migraine has been twenty years 'astewing' and his conclusion is that 'the solution of the problem of epilepsy, like the development of the telegraph and television, of Nylon stockings and of synthetic rubber tires, depends on research-minded men and on money'.

Lest these somewhat alarming comparisons prejudice the reader, it should be stated that the author, despite his obvious limitations

of outlook, has succeeded in presenting clearly and interestingly the relevant statistical, social and medical knowledge having to do with epilepsy and migraine, allotting twenty chapters to the first and eight to the second. He even strains himself considerably to do justice to the psychological aspects of these symptom complexes (although there is no mention of the work of L. Pierce Clark, Kardiner or Wittels on epilepsy or Fromm-Reichman on migraine, the data on the latter stemming from the psychological studies of Touraine and Draper). Nevertheless, any psychoanalyst who has ever studied or treated epileptics will feel that the essential nature of the morbid process has been completely left out of this seemingly competent study. Brain waves or no brain waves, what evidence we have seems to indicate a degree of psychological specificity in the historical background, unconscious processes and ego dynamics of the epileptic matched by that of no other group of individuals known to psychopathology—not even the hysterics or sufferers from gastric ulcer.

The blame for this state of half-knowledge lies mostly, I should say, with the psychoanalysts themselves who rarely take epileptic cases and publish insufficiently on the subject. The whole question of the technical problems in the analytical handling of the epileptic, with his high dissociative potentials and yet essential differences from the schizophrenic, has been left untouched.

It remains to be seen whether bigger and better electroencephalographic machines will add much to our knowledge of epilepsy.

JULE EISENBUD (NEW YORK)

THE CAMBRIDGE EVACUATION SURVEY. Edited by Susan Isaacs.  
London: Methuen and Co., Ltd., 1941. 235 pp.

This study of experiences in coping with children disturbed by wartime conditions was made before July 1940 and has already served as a useful guide in those subsequent evacuations necessitated by the great raids which have occurred since it was made.

Limited in method and in scope both by the emergency character of the undertaking and by restrictions imposed by war conditions, it was motivated primarily by an interest in children sent from their homes in wartime, but also by an interest in the effect of this migration upon the life of both the original and foster families.



Of the three thousand children evacuated to Cambridge in September 1939, those from two London boroughs were selected as subjects; three hundred seventy-three from one, and three hundred fifty-two from the other. Information was obtained by Friendly Visitors, from teachers who had been evacuated with the children, through direct interviewing and psychological testing of a limited number of children by an educational psychologist, through visits by psychiatric workers to the London homes of children who had returned from their foster homes, and from essays written by the children on such subjects as, 'What I Like in Cambridge', and 'What I Miss in Cambridge'. A few of the children were studied in the Child Guidance Clinic.

The tentative conclusions are important and illuminating. It was soon apparent that this first great evacuation movement was not successful in many respects because of the failure to appreciate the fact that a mass evacuation of children is a process creating 'far reaching social and educational problems' and not merely an emergency military measure. While there were elaborate plans for transport and physical care, those problems arising from 'human nature' were in the main overlooked. It was felt that many of the failures in placement could have been avoided if more were known initially about the children involved and about the prospective foster homes. Some of the conclusions now seem fairly obvious to anyone familiar with foster home placement. Most children can be placed temporarily in homes other than their own with a reasonable degree of success. Most homes can be relied upon to care for a child properly; but many foster homes are suitable only for certain types of children. Personality rather than intelligence is the more important factor in the adjustment or maladjustment of a child in a foster home. Aggressive or delinquent children are satisfactorily placed only with difficulty and depressed, anxious children can be comfortable only in homes where they are free to follow their own devices rather than where they are expected to participate in the activities of vigorous households. Difficulties arise particularly after the age of thirteen years. The importance of placement with other children of their own age with proper provision for recreational resources is emphasized for this adolescent group. It was observed, somewhat contrary to expectation that, generally speaking, visits of parents did not interfere with the successful adaptation of the children to their new homes.

An interesting aspect of the study emphasizes the importance of the parents' attitudes toward placement as it influences success or failure. Three important reasons for the return of children to their own homes were anxiety or loneliness either of parent or child, parents' dissatisfaction with the foster homes, and financial considerations. The inability of some parents to accept the fact of placement, familiar to workers in child-placing agencies, is based upon a variety of attitudes, ranging from a strong feeling of deprivation with hostile attitudes toward the foster parents, to highly ambivalent attitudes toward the children.<sup>1</sup>

While the sources of information on the children studied are of very uneven reliability, a skilful handling of the data has produced a report of great value. The practical recommendations offered (Appendix II) are along lines that must be of great value in the present day care of children in war-torn Britain. Particular emphasis is placed on the maintenance of contacts between members of a family and the preservation of school units. The chief practical aspects of these recommendations are: the stress placed upon the provision of at least a minimal number of trained persons (chiefly social workers and psychiatric social workers) to offer advice and service outside the scope of either the volunteer or the overtaxed teacher, minimal investigation of prospective foster homes, minimal data on children to facilitate placement and selection of those for whom placement may be expected to be difficult, provision of temporary reception centers for emergency care and for the study of children, and homes for care of children not suitable for usual foster home placement.

For the more fundamental orientation of the student of behavior and particularly for child-welfare workers who must care for children outside their natural families, this intense experience in mass migration of children offers many invaluable lessons.

GEORGE J. MOHR (CHICAGO)

CHILD PSYCHOLOGY. Edited by Charles E. Skinner and Philip Lawrence Harriman in collaboration with twelve contributors. New York: The Macmillan Company, 1941. 522 pp. This work is so thoroughly a textbook in pattern and so instructional in style that only the authors could hope for an audience

<sup>1</sup> Cf. July 1942 report by Anna Freud on Hampstead Nurseries, Foster Parents' Plan for War Children.

outside the field of education. At that, they may have to depend largely on the acquiescent audience tied to required reading. The content is a synthesis of the work of others. The climax is a precise outline, exhaustive enough to invite quick cramming.

Chapter headings cover such broad divisions as physical growth and mental growth, emotional development and social development. Subdivisions are provided for in chapters devoted to language, character, and religious development. Personality development, maladjustments and mental hygiene are jumbled into one chapter. There are separate discussions of heredity and early development, and the exceptional child. The indivisibility of human beings presents difficulties to any psychologist, but when the neat categories of assumed divisibility are allowed to stand for the whole the result is artificial.

Testing programs and rating scales are described but scarcely evaluated. Externalized explanations for behavior are extolled. A simple twist of the environment and presto, all is well again. One of the editors disposes of the psychoanalytic theory of ambivalence and with it, Freud, in a footnote. 'Most psychologists find this concept of ambivalence to be based on mere armchair theorizing and speculation.' Two hundred pages later, a daring contributor teeters far enough off the line to state that 'in the young child's life love and anger are closely allied'. Fantasy is shied away from in six lines on daydreaming. Similar slights or total omissions could be listed by the score but none is as conspicuous as the lack of any reference to children's humor.

Editorial instructions must have included an order to keep reader interest through copious use of illustrations. Pages are studded with case notes on Lavinia and her ilk. Little Lavinia turns up in a paragraph on 'the development of desirable attitudes toward physical structure'. 'Little Lavinia, two years old, has attractive teeth. Since candy is not good for pretty teeth, she goodnaturedly accepts the fact that candy treats are few and far between.' Oh, she does, does she?

The trouble with such a document as this, with its vast hit and run scope, is that it is good by comparison with its kind. In its effort to help teachers see and feel children, in its willingness to consider revised procedures to conform to 'new' concepts of learning and in its occasional flashes of warmth, it has a humane



standard. The material on Aesthetic Experience in Childhood and on Play Life of Children might have been written by people who recently worked with children.

ELIZABETH H. ROSS (PHILADELPHIA)

JUVENILE DELINQUENTS GROWN UP. By Sheldon and Eleanor Glueck.  
New York: The Commonwealth Fund, 1940. 330 pp.

In 1934 the authors published the results of their investigation of one thousand delinquent boys who were referred by the Boston Juvenile Court to the Judge Baker Foundation during the years 1917-1922. These boys at that time were at the average age of thirteen and one half years. The present study deals with the same boys when they reached the average age of twenty-nine years, and tells us what happened to them. It abounds with a wealth of sociological data which would be of extreme importance to any student of crime. It seems that seventy per cent of the boys were brought up in homes where there was delinquency or criminality on the part of either parents or siblings. All these boys began their anti-social conduct long before they were brought to court, usually dating back to the age of nine or ten years.

In the follow-up it was discovered that, with the passing of years, there was a decline in both the criminality and seriousness of the offenses of those who continued to commit crimes. One-third of the boys have completely relinquished their criminal careers. In the comparison between those boys who reformed and the recidivists, it was noted that the boys who gave up crime were on the whole better endowed physically and mentally, came from better homes, had better environmental opportunities and better bringing up. In their families there was less history of crime and mental disease.

The theoretical implications of the findings are of great interest to the reviewer. It seems that it is not so much the age which causes an individual to drop his criminal career, but the achievement of the degree of 'maturity' which makes for better social adaptation. The authors are aware that 'maturity' is a very complex concept. Normally, when a person reaches chronological adulthood, there is a development and integration of the physical and mental powers which make it possible for him to develop self-control, foresight, and plans, to postpone immediate desires for

later ones, to profit by experience, to develop perseverance and regard for other fellows; however, this maturity is not always achieved at the expected age level.

The authors then theorize on the contribution of psychoanalysis to this problem. They feel that we ought to be able to help the criminologist to recognize 'infantilism' or immaturity of personality which frequently exists in persons who might otherwise have attained certain types of maturity commensurate with their age. Together with maturation contributing to the cessation of delinquency, there is the slowing down process which begins to manifest itself after the organism has reached its peak of physical maturity. With the passage of time, the human being loses some of his energy and aggressiveness, he tends to slow down and become less venturesome. This is probably the reason why rarely, if ever, a diagnosis of psychopathic personality is made after the age of forty. The authors feel that psychoanalysts have a great contribution to make in 'dissecting the concept of maturation' since this seems to be the most important factor in understanding crime.

The book is essentially a statistical study and does not deal with the subject of the psychopathology of crime. It does not refer to any special contributions of the various psychoanalysts. In reviewing the tremendous amount of information which the authors have gathered in reference to the sociological factors in crime, one is appalled by the comparative lack of understanding of the economic and psychological factors in this important social phenomenon.

The book is written very clearly and makes an important contribution to criminology. It provides extremely valuable factual material for anyone interested in the psychopathology of crime.

J. KASANIN (SAN FRANCISCO)

THE DOCTOR AND THE DIFFICULT CHILD. By William C. Moodie, M.D. New York: The Commonwealth Fund, 1940. 214 pp.

Books on behavior problems of children and adolescents continue to come from the pens of psychologists, educators, pediatricians (with and without psychiatric experience), psychiatrists, social workers, sociologists and psychoanalysts. Each discusses the subject from a particular angle based on his experience. Each has his audience, generally those in his own field. This is not stated as a criticism but rather as a token of the wide variety of approaches to the subject. In reviewing some of these works from these various

sources and points of view, one has the problem of attaining elasticity in judgment, of seeing wherein a book adds to the store of knowledge or presents to a particular group an aspect which 'clicks' with that group, and also of seeing whether the subject is presented to other groups in a helpful manner. One does not expect at present a unified approach to this subject, but there are certain basic principles, perhaps differently expressed with variations in terminology, which do meet with common acceptance.

In this book written by an English psychiatrist who has had a long experience in treating children, we find evidence of a rich clinical experience and an underlying thought and feeling for the subject which 'clicks' with the psychiatrist working in the field of behavior problems of children. He offers a survey of behavior problems which, although mainly description and classification, is quite inclusive for a small book. Motivation in behavior, problems in adjustment, conflict, conscious and unconscious trends, symptom formation, the rôle of the personalities in the family are among the basic factors in the formation of behavior problems. However the presentation lacks depth in outlining the dynamics.

The book is divided into two parts. Part One contains three sections: Recognition of the Problem, Study of the Problem, and Treatment. Part Two consists of Problems of Behavior in Child Guidance Cases, divided into eighteen sections, each section devoted to a different problem. Such problems are theft, lies, fancies and dreams, feeding difficulties, sex difficulties, truancy and wandering, etc., which the author does not consider as scientifically classified. Clinical examples are profusely and helpfully cited throughout.

Although it is implied that most of the work was done in a child guidance clinic, actually little space is given to the specific work of the social worker. The treatment described is mainly psychiatric. There is keen clinical insight shown in the capture of the varied symptom pictures.

In the Introduction the author states: 'The more intensive therapeutic processes are tedious, difficult and few are absolutely safe, so that they should be employed only where the prognosis is sufficiently serious to justify drastic methods'. In contrast to this he speaks of child guidance as a 'branch of clinical medicine [which] as such is becoming more and more exact in its knowledge, sure in its methods and successful in its results'. He does not



specify exactly what he means by intensive therapeutic procedures but one may well venture to surmise that psychoanalysis is meant. The reviewer has no quarrel with the author's evaluation of child guidance but believes it suffers from overgeneralization. When the author discusses obsessional neurosis in children, he does suggest intensive therapy but with no great enthusiasm.

In the Recognition of the Problem, the subject is presented concisely and the family constellations at play are carefully brought out. In the Study of the Problem, investigation, history taking, examination of the child and evaluation, one finds an appreciation of the motives of behavior which is in striking contrast to the author's attitude towards intensive therapy. In the concluding division of Part One: Treatment, he presents his main thesis which though generally acceptable, in its specific application will leave the reader with many questions. He speaks of 'three fundamental needs of the child, work, security and affection'. 'Whatever be the clinical details of the case, these fundamental adjustments must be made first and experience will show that almost every simple case and many apparently conflicted ones will need nothing more and no direct treatment of the child is necessary' (p. 48). 'Treatment on general lines avoids the real danger of direct treatment of making the child introspective and maybe fixing in his mind fears and other emotional disturbances which would have faded if undue emphasis had not been laid on them.' This the reviewer feels will not meet with general acceptance. Despite this, the elaboration of his main thesis has its distinct value and will be found instructive where it provides the reader with valuable high lights and guides.

There is no index and no specific reference to the wealth of psychoanalytic material. The book should be of value to psychiatrists and others working in the field of behavior problems of children.

I. T. BROADWIN (NEW YORK)

DER GEHEMMTE MENSCH (The Inhibited Human Being). By Harald Schultz-Hencke. Leipzig: Georg Thieme Verlag, 1940. 323 pp.

The author calls his book in the subtitle, Foundations of a Desmology as a Contribution to Depth-Psychology. Desmology,

as he explains, coming from the Greek *Desmos*: fetter, means therefore a theory of 'inhibition'. Accordingly he promises (p. 316, footnote) a book called *Technique of Desmolysis*. As inhibition stands in the center of not only neurotic but also normal psychology, the term 'Desmolysis' promises to be the top achievement of the author's linguistic purge of all freudian technical terms: it is destined to replace the anathematized word 'Psychoanalysis' once and for ever.

It is no doubt true that the deeper psychoanalysis searches into psychic problems, the more it is hampered by certain theoretical concepts which complicate rather than illuminate the issues. This is due chiefly to the central position of the drives in its theoretical structure. Freud reduced all the different strivings to two groups of drives, the sexual and the destructive. But in essence this reduction is still based on the primitive concept of drive as a preformed specific energy, with preformed specific aims. Originally Freud reduced the many 'strivings' to two drives as, for example, chemistry reduced the many compounds to relatively few elements. But just as chemistry in its further investigation of matter reduces the elements to still fewer, still more primitive agents, psychoanalysis is on the way toward doing the same with the concepts of drives. There are several authors who take this route toward further scientific penetration of our problems and Freud himself, in his *Outline of Psychoanalysis*<sup>1</sup>, opens the way to such an approach by stating that 'the possibility of draining off quantities of excitation is of more importance than anything else to the id'. He thus loosens the close specific connection between drive and specific drive aim (giving most importance to the unspecific 'draining off'). And when Freud<sup>2</sup> writes: 'The consideration that the pleasure principle requires a reduction or perhaps ultimately the extinction of the tension of the instinctual needs (that is, a state of Nirvana) leads to problems that are still unexamined in the relations between the pleasure principle and the two primal forces, Eros and the death instinct', he shatters the principle on which he based his distinction between the libidinal drives which obey the pleasure principle and the destructive drives which do not. Such reductions of a multitude of phenomena to a single principle is a legiti-

<sup>1</sup> *Int. J. Psa.*, XXI, Part I, 1940, p. 48.

<sup>2</sup> *Ibid.*, p. 75.

mate scientific process which always leads to the discovery of a quite different category of varying factors. Thus legitimate reduction of multiple 'strivings' to a single 'drive' or a pair of 'drives' will lead to a further refinement of the elements of 'drive' and with it to further specificity in our understanding of given and observed facts.

But Schultz-Hencke (like Karen Horney) does not proceed progressively toward the refinement of elemental factors. He follows the regressive path of undoing that which unifies a multitude of phenomena and simply recreates the multitude. Like Horney, he follows the principle of relying on primitive impressions, which originally gave us the naïve concept of many specific strivings. Horney calls that primitive method of observation 'common sense', being unable to concur in what seemed to her too much speculation on the part of psychoanalysis. Schultz-Hencke means the same when he berates psychoanalysis for trying, at any price, to create something extraordinary, incomparable, revolutionary (p. 28). But he is more logical and methodical than Horney and does not throw out everything he learned from Freud. Thus he tries to revive the freudian concepts of oral, anal and genital instincts and calls them 'captative', 'retentive' and 'sexual'.

We would not object too much to the author's contention that it is wrong to call retentive drives 'anal' as the anal retentions are only an 'initial' expression of a retentive tendency which, because it preëxists, must reveal itself in other than anal fields also. We do not object so much to that purely theoretical argument because Schultz-Hencke's admission that the anal phenomena occur in an 'initial' phase, is decisive. For even if a genuine retentive instinct existed, it would be decisively conditioned by the child's experiences during the education to cleanliness, *because* it occurs so early. But what we seriously object to is Schultz-Hencke's regression to the naïve and (as he admits on page 17) crude concept of three different instincts: to possess, to assert oneself and to gratify oneself sexually. It makes no difference that he calls those three instincts 'areas' in which the 'drive toward expansion' is busying itself. We would not mind if he enumerated ten thousand such 'areas', if he only recognized the drive toward the 'expansion' which is active in those areas as essentially libidinal, i.e., subject to the pleasure principle. But Schultz-Hencke does not mention the pleasure principle at all. Only casually he points out that 'the pleasant'



can be experienced in spite of inhibitions and that certain unobtrusive pleasure experiences of a person can give us a hint as to where his principal inhibitions lie. But as a deciding and determining factor in the functioning of the 'drive toward expansion', the pleasure principle is consistently overlooked and remains unmentioned. Thus the unifying factor in the maze of strivings, the pleasure principle, is eased out of the whole book and what remains is merely a discussion of the various occasions on which an individual can get into conflict with reality if he follows that nondescript 'drive toward expansion', and how he gets into conflicts with himself if that drive is unduly inhibited. Thus Schultz-Hencke's book is for us nothing but an ordinary psychology of the conscious written by a person who, from his not fully grasped and assimilated contact with Freud's psychoanalysis, has at least retained some idea that not all that a patient says about himself has to be taken at its face value. Because of the fact that the author goes back to the naïve concept of three different instincts, the possessive, the self-assertive and the sexual instinct, he cannot share Freud's view that it is the representation of the drive-aim which is repressed and not the drive itself. With that we are thrown back to all the difficulties which it took Freud a lifetime to overcome.

As often as he uses the word 'sexual', the author hastens to point out in a footnote that he uses it in the conventional and not in the extended freudian sense. One has the impression that it is not only the author's resistance which forces him to be so particular but also his fear of becoming *persona non grata* with the men who, besides the new European order, are also blueprinting the new European depth psychology. The footnote on page 28 is revealing. It reads: 'The author had believed originally that he might just drop the exaggerated views [of freudian psychoanalysis] and proceed with the presentation of whatever was valid in it with a new meaning. But more recent experiences convinced him that people read even this through the spectacles of anger. So he had to make up his mind to be polemical, to differentiate his own views plainly, and make absolutely clear what he sharply rejects.'

Those 'recent experiences' must have been rather uncomfortable ones.

CARL M. HEROLD (NEW YORK)

THE PROMISE OF SCIENTIFIC HUMANISM. By Oliver L. Reiser. New York: Oskar Piest, 1940. 364 pp.

In this volume the Assistant Professor of Philosophy in the University of Pittsburgh attempts to explain why our civilization is about to collapse, and points out that what is needed to prevent this catastrophe will also lead to the formation of a new world culture. The author expresses the opinion that the illness which besets humanity is the result of the failure of philosophy. He presents the thesis that if our civilization is to continue and to progress, our established culture will have to be so thoroughly revised that our ways of thinking about ourselves and our relations to each other and to the world will be replaced by a new orientation.

Dr. Reiser is a philosopher whose evolutionary point of view regarding human intelligence constitutes the principal theme of this book. He believes that 'our present habits of mind and so called "laws of thought" are a product largely of social evolution', and he predicts 'that in the process of trying to secure a better theory of evolution we shall foster, in our own mental outlook on nature, an evolution that will result in better explanations of both man's theory of nature and man's theory of himself'.

Following his developmental thesis, he divides human intellectual evolution into three main historical periods. The earliest of these is the pre-Aristotelian period of primitive mentality (Levy-Bruhl) which is governed by the principle of participation. In this prelogical period there is no distinction between the self and the not-self and the axiom is: 'Everything is everything else'. The second period of intellectual evolution is the period of Aristotelian logic and science and it is on this level that the human mind is functioning at the present time. This is the level of sharp distinctions in which the axiom is: 'This is this, that is that, and this is not that'. The author points out that the logic of Aristotle is based on 'the fallacy of the absolute individuality of substance, the subject of predication' and that 'the present impasse between sterile intellectualism and irrational emotionalism, running through the whole of modern life and separating religion and politics from the life of reason, is the unfortunate social consequence of this elementalistic psychology and the cultural atomism which it helped to produce'.

'In proposing that the third stage of mental evolution is, or will

be, the non-Aristotelian mode of thinking, we mean that after the present age of specialization in science has passed, or has been supplemented by an era of coördination and synthesis of knowledge, we shall attain an understanding of the interconnectedness of things which will resemble primitive man's sense of participation, in that here, on a higher level, we again realize the limitations of the classical laws of thought. On this coming third level we return to the idea that everything is everything else, except that this non-Aristotelian principle (unlike the pre-logical principle of primitive mentality) will be based upon a deeper understanding of the unity and interrelatedness of nature.' More specifically, the author points out that 'in primitive man's orientation there is no sharp distinction between the subjective and the objective world; in the Aristotelian mentality, based on the law of identity, a sharp distinction between the "object" and its "environment" appears; on the third level, based on an understanding of an underlying unity provided by a subuniverse of continuity, the distinction between "object" and "environment" again becomes relative. Individual identity and permanence are to some extent illusory.'

One feels that in making these derivations, the author ascribes too much to the Aristotelian influence. In a chapter on *The Influence of Aristotle on Human Thought* he outlines Aristotle's main contributions to the special sciences and to logical theory. He has no quarrel with the philosophy of Aristotle, which contains 'much that is substantially sound and of permanent value'. His concern is with 'the *influence* of Aristotelianism' by which he means 'the worship of the letter rather than the spirit of Aristotle'. This he regards as 'one of the menaces to the future evolution of the human intellect'. Here he refers to the utilization of Aristotle's teachings by the later Christian theologians. He writes that 'the contrast between Aristotle and what has come to be known as Aristotelianism is sometimes so remarkable that one might well say, that if Aristotle had lived in the Middle Ages, or for that matter in modern times, he would not have been an Aristotelian.' There are many pages devoted to descriptions and critiques of the several different varieties of non-Aristotelian logic among which the works of Brouwer, Korzybski, and Kurt Lewin are included.

Pointing out that scientists have only paid lip service to the Darwinian theory and that in fact, evolution is not yet finished with the human organism, the author believes that modern inventions



of communication 'have increased our consciousness of the world and are making us world conscious'. 'The instruments which enabled us to transcend the normal restrictions of time and space not only are changing the content of our thought, but also are intensifying our awareness. By enlarging the sensory environment, we are changing the inner life of the organism.' Before the days of evolutionary thought, 'the notion prevailed that physical nature and human experience were mutually exclusive realms. The time has come to take seriously the implications of the idea of evolution, implications which are important for physics as well as biology.'

There follow two chapters which should prove of special interest to students of human behavior. In the first of these, *Evolution, Consciousness and Electricity*, the author attempts to show that Einstein's theory of relativity, which has been heretofore regarded as applicable only to physical phenomena, may also have significance for biological and psychological phenomena. 'Psychical relativity may be assimilated to more general physical principles.' For example, we read that 'there is no way of representing in three dimensional space the properties of psychic life. Consciousness emerges as a fourth dimension. Just as the wave that we see moving over the water is composed of molecules which move in but one direction (up and down) while yet the crest of the wave moves forward in a new direction (horizontally) so consciousness may be regarded as such a phenomenon of a higher dimension, in the sense that it emerges out of a synthesis of brain patterns (neuronic frequencies) and represents the constellation of lines of force accompanying cortical patterns.'

In the chapter on *The Mental Evolution of Mankind*, Reiser investigates certain aspects of psychoanalysis as they relate to his own theories. He finds the concept of regression comprehensible and tries to fit the notions of 'psychic regression and atavism (individual) and mental recapitulation (social) into his scheme of a universal behaviorism, or monism, of action'. He also states that the bioelectric relativity of the processes underlying the psychoanalytic theory is illustrated by the concept of repression. 'Whether the "pressure" exerted by the psychic censor to repress an experience or tendency is sufficient to keep it below the "surface" of the stream of consciousness depends upon the relative strength of the impulse in relation to the force of resistance or inhibitory power.'

After more than two hundred and forty pages the following formal definition of humanism appears. 'Humanism is the doctrine that men through the use of intelligence, directing the institutions of democratic government, can create for themselves, without aid from "supernatural powers", a rational civilization in which each person enjoys economic security and finds cultural outlets for whatever normal human capacities and creative energies he possesses.' This is tantamount to saying that human beings can create for themselves a kind of scientific heaven. The definition becomes more understandable, however, when we are told to reflect that 'Humanism has but one commandment: have faith in man and the potentialities of his intelligence.' In keeping with his evolutionary point of view the author suggests that 'extrasensory perception is but a feeble and uncertain intimation of psychic powers yet to be evolved and perhaps eventually to become universal in the human species. Humanity thus appears as a God in embryo, a developing being with the psychic powers—omniscience and omnipresence which man has hitherto assigned to his God. Perhaps man will eventually find that he is made in the image of God because God is being made in the image of Humanity. This doctrine that man is a potential God is of course one form of humanism.'

This volume reaches its climax in the statement that 'in the coming years the nations of the world will have to evolve for the social organism a world-sensorium, a center of intellectual dominance similar to that which nature provided for individual organisms when she produced the cerebral hemispheres, the vehicle of highest metabolic rate and the synthesizer of reactions. Until a level of social integration, or unification of the world's cultural patterns, is attained; until we have an organ to centralize and coördinate the complexity of function of the emerging social organism, our humanitarian aspirations will suffer defeat.'

The author concludes that to be happy, people must feel that they are going somewhere—'towards the attainment of their dreams, the realization of their myths. But the old myths are exploded, and the time has come to create a new myth. This new myth, a new dream for the human race, we think of in terms of a coming world culture and a new mode of thinking.'

There is much that is excellent in this volume and even in those chapters which make the reader mindful of Jules Verne it is com-

mendable reading. It demonstrates the human capacity for ideation and imagery.

LEO H. BARTEMEIER (DETROIT)

RACE: SCIENCE AND POLITICS. By Ruth Benedict. New York: Modern Age Books, 1940. 274 pp.

Professor Benedict belongs to the category of scholar who keeps an eye on the crises of her own time and puts her knowledge at the convenient disposal of her contemporaries. She has planned the present book on race to give the nonspecialist a clear view of what biologists know about race and what social scientists know about racism. Nowhere is there to be found a more authoritative treatment of the scientific and ideological aspects of the subject. The book is rather short; the outline is bold; the writing is firm and clear. At the end of chapters pertinent quotations add color and authority to what is in the text. For all who see the need of making better use of our modern means of communication, each technical feature will be welcome. It is to be regretted that modern graphical devices are not utilized; the volume is still the deadly dull object that passes for a book, even in these days of fertility in portraying things vividly as well as plainly.

Psychiatrists will benefit most from the chapters that describe the modern history of 'racism'; there is no ancient history. 'Racism' is a special case of 'prejudice' and its determinants must be found, not only in recurring factors in all human relations, but in the specific configurations of recent world developments. Benedict's basic orientation is indicated in these sentences: 'In-group ethics are as "innate" as out-group ethics, *but they occur only when certain social conditions are fulfilled*. We cannot get in-group ethics without meeting those conditions. In our country this means that a better America will be one which benefits not some groups alone but all citizens; so long as there is starvation and joblessness in the midst of abundance we are inviting the deluge. To avert it, we must "strongly resolve" that all men shall have the basic opportunity to work, and to earn a living wage, that education and health and decent shelter shall be available to all, that regardless of race, creed, or color, civil liberties shall be protected' (pp. 252-253).

Although Benedict is aware of the personality factors that contribute to the exacerbation of such an 'ism' as 'racism', she does not deal with them in the present book. This is a blemish on the



whole. There are advantages in bringing to the notice of those who participate in our culture some of the devices of thinking by which prejudiced attitudes can be exposed to the self and diminished or totally extirpated. Moreover, there are ways and means of reducing the grip of racism on infected populations, ways that depend upon factors cast in the shadow by Benedict's present scale of presentation.

To be more specific about what is left out: the flow of symbols at the focus of attention of large populations can be used to mitigate, as well as to arouse, race prejudice. The technique of mitigation calls for more than the dissemination of facts. From psychiatric experience we are especially aware of internal resistances to the perception of factual statements that run counter to imbedded prejudice. We know that one device by which an ego can be freed of prejudice is to enable it to ridicule some symbol of that part of itself which includes the prejudice and is devalued in the light of factual standards. One of the simplest means is the cartoon. Some of Walt Disney's figures enable the individual in the audience to disavow his allegiance to a devalued attitude without the humiliation of a Canossa; he can slip into his new orientation in the process of taking a hearty laugh at a funny caricature of an odd little animal, an animal odd enough to accept some of the irrational attitudes held by some human beings whom it is not necessary to specify clearly.

HAROLD D. LASSWELL (WASHINGTON, D. C.)

AN INTRODUCTION TO CULTURAL ANTHROPOLOGY. By Robert H. Lowie. New and revised edition. New York: Farrar and Rinehart, 1940. 584 pp.

The aim of this book, in the first edition, was to present facts and to avoid theoretical discussion. The emphasis however is placed on cultural differences, and therefore a considerable part of the book is devoted to the description of illustrative cultures, ranging from the Fuegians to Western Civilization. In the chapter on the Theory of Culture (XX) the author states that 'a complete theory of culture must explain why the same people have a different social heritage at different points of time; in other words, why cultures change' (p. 358). This is of course correct, but the author does not seem to be interested in the other question, why culture exists.

The 'psychic unity of mankind' is accepted as a postulate both for diffusion and independent evolution. Like all modern anthropologists the author is inclined to emphasize cultural conditioning versus instincts. These arguments fail to convince the reviewer. The fact, for instance, that the Toda have polyandry and therefore determine fatherhood ceremonially can hardly be used as a proof against the existence of a parental instinct (p. 378); all that this proves is that certain societies try to oppose or cancel certain instinctual trends. The book does not mention psychoanalytic theory.

GÉZA RÓHEIM (NEW YORK)

SOCIAL LEARNING AND IMITATION. By Neal E. Miller and John Dollard. Published for the Institute of Human Relations by Yale University Press, New Haven, 1941. 341 pp.

The authors attempt to explain the process of learning on the basis of a psychology of drives and rewards. Whether it is possible to do this and completely eliminate emotional factors may be a matter of opinion. Let us see how this theory works when applied to a specific case.

Ceci, three and a half, is now eating with the grown ups but when she sees her little brother (one and a half) getting cornflakes she declares that she too wants cornflakes for her supper. This is the explanation given by the authors:

'During the six months preceding the date of the observation recounted above, the children had eaten meals together five or six hundred times. Had they always been fed separately one would not predict the behavior here observed. Ceci had been eating when Mark was eating and when she had seen him eating. The sight of Mark eating had thus acquired a secondary drive value which served to heighten her appetite and to invoke in her anticipations of eating too' (p. 135). Sibling rivalry as a factor is not mentioned. An attempt is made to explain the peek-a-boo game and the learning of the same game without even mentioning the unconscious significance of the game<sup>1</sup> (p. 139).

The analysis of a lynching is interesting. The authors describe the case of a negro who murdered a white girl with whom he had

<sup>1</sup> Cf. Hermann, I.: *Anklammerung, Feuer, Schamgefühl*. *Int. Ztschr. f. Psa.*, XXVI, 1941, p. 259.

been having an affair. The authors start their analysis with the sentence 'The drive mobilized by this incident is fear' (p. 238). I am not certain whether this is correct; perhaps the drive is sadism. The negro was castrated and compelled to eat his own genitals. Red hot irons were plunged into his body at various points and so on with more details (p. 246). This goes on with the corpse—but the authors do not mention the possibility that powerful unconscious drives have been liberated. The detailed analysis, however, of how a crowd makes the return of the repressed possible is interesting.

Chapter XVI, Copying in the Diffusion of Culture, explains the specific reasons for copying or rejecting culture traits. The authors refute Holt's theory of iteration, according to which the sound perceived by the child's ears serves to reëxcitate the same movements which produced the sound, and show convincingly the value of their drive and reward theory (pp. 274-288). In psychoanalytic terminology Holt's theory would mean the narcissistic, the drive-reward theory would mean the object-dependent position. It is only in a footnote (p. 164) that the authors are aware of the fact that psychoanalysis has something to contribute to these questions. They observe that:

'In this connection, it is interesting to note that psychoanalytic observations seem to indicate that identification is most likely to occur with parents or other loved prestigious people. These loved people with prestige are the very ones who control the rewards and punishments which are most important to the child. They are thus in the best position to give acquired reward value to conformity with their behavior and acquired anxiety value to non-conformity with their behavior.'

GÉZA RÓHEIM (NEW YORK)

THE ILLUSION OF NATIONAL CHARACTER. By Hamilton Fyfe.  
London: C. A. Watts and Co., Ltd., 1940. 274 pp.

National character is an illusion fostered by the self-seeking rulers of nations and their immediate following. 'Dictators always play up the national idea—for the reason that it can find easy lodgment and a welcome in those least developed minds which are everywhere in the majority' (p. 73). 'Despots have in all ages claimed for their machinery of suppression an importance far above that



of the people suppressed' (p. 14). The author brings historical evidence to prove his thesis that what we call a nation's character, its assumed likes and dislikes, changes very rapidly and is really, even while it lasts, more a fantasy fostered by literature than a fact. People as such have no ambitions; it is always the governments only that want 'places in the sun'. The author believes that the first appearance in history of the idea of a national character is to be found in the Old Testament. This, however, is an exaggeration, for at least the idea that every nation believes it is better than its neighbors is as old as mankind. Greeks and Romans certainly regarded themselves as innately superior to others. The author believes that the idea of 'the country' came to birth about the middle of the eighteenth century and was due to the growing size and importance of the wealthy middle classes (p. 166). Chapter VII, *How the English Have Changed*, shows that John Bull represents merely the fantasy of an epoch but in no way corresponds to what the average Englishman is really like.

In his zeal for a good cause the author forgets that although national differences are tremendously exaggerated, they gain a more or less temporary existence by the mere fact that people believe in them. To draw the line here between the opposing views, and to show the mechanisms of group character formation in civilized nations, would be an important task for a writer who could combine a thorough knowledge of history with the experience of the psychoanalyst.

GÉZA RÓHEIM (NEW YORK)

OUR HUMAN TRUTHS. By F. C. S. Schiller. New York: Columbia University Press, 1939. 371 pp.

This is a collection of papers on questions philosophic by a militant anti- (and it must be said, non-) intuitionist. The reader will be unable to suppress a certain excitement as he pirouettes and leaps with the author through all the 'burning' questions of epistemology, wondering what type of empiricist (radical, sceptical, humanistic) the author will finally reveal himself to be. An answer comes in an essay on Ethics, Casuistry and Life:

Healthy moral feeling . . . naturally revolts against scientific casuistry. It did so, very effectively, in Pascal's *Provincial Letters* and swept away Jesuit casuistry in a flood of moral indignation. Would that some one would deal similarly with

the filth which is now being disseminated under the guise of "psycho-analysis"!

In this and other passages of equally lofty purpose the author gives a convincing demonstration of the limitations of 'pure' empiricism. Fortunately it is all quite harmless.

JULE EISENBUD (NEW YORK)

THE BOND BETWEEN US, THE THIRD COMPONENT. By Frederic Loomis, M.D. New York: Alfred A. Knopf, 1942. 267 pp.

Taking William A. White's thesis of the not quite understandable something which enters into all human relationships, Dr. Loomis has attempted to explain 'the Third Component' by a series of thoroughly enjoyable stories of its occurrence, or the occasional lack of it, in his own medical experience. A few chapters are devoted to the pleasant teaching of those otherwise untutored in the art of knowing doctors and entering, residing in, and leaving hospitals gracefully. Dr. Loomis remarks toward the close of his book, 'Sometimes one may not even know what invisible evil spirit is really troubling him, so deeply buried it may be beneath the obvious and visible results. As Goldstein says in his *Human Nature*: "Human behavior cannot be understood on the basis of consciousness alone but embraces a great number of events of which we are not conscious."' Though unfortunate, this statement stands almost alone in that category and should hardly deter the expectant reader from a very pleasant encounter with the mind of a man who writes simply, easily, and well.

MARGARET N. STONE (NEW YORK)

UNDERSTANDING YOURSELF. *The Mental Hygiene of Personality.* By Ernest R. Groves. New York: Emerson Books, Inc., 1941. 279 pp.

For a few lay readers this revised edition no doubt will be of some practical value. In a precise sort of way it presents the means by which one might come to a better understanding of himself. But its simple optimism is misleading and those who have the greatest need for some such reassurance may well be the very ones who, having read this book, will have been helped the least. It errs in being somewhat too purposeful in maintaining that those who seek to understand their own personal problems may really understand them by reading repetitiously of them or their equivalents. That

they may then *solve* their problems—having sought to understand them by having read about many problems not their own—is slightly wishful, to say the least. And yet, on the whole, the book includes, discursively, many concepts of mental hygiene of decided worth.

Regarding the quest for happiness, the author explains the importance of a tolerance for limitations that cannot be changed, and of facing squarely one's own endowment, disposition, and cravings. He contends that the derivatives of mental hygiene are a wholesome selective sensitiveness, a balancing of motivating drives, a maintenance of unclouded thinking, and decisiveness. The chapters about the psychic traumata of childhood and the problems of adolescence are by far the best.

There is a bibliography selected to appeal to the interests of the general reader.

H. E. CHAMBERLAIN (SACRAMENTO)

THE MARCH OF MEDICINE. New York Academy of Medicine Lectures to the Laity No. VI. New York: Columbia University Press, 1941. 154 pp.

This little book contains a series of lectures to the laity during the year 1940-1941 under the auspices of the New York Academy of Medicine.

First, Alan Gregg defines and discusses humanism in its relation to science. He indicates a strong feeling that science, particularly the medical sciences, is in need of humanism. He has this comment to make about psychiatry: 'We hear a great deal nowadays among psychiatrists of the "total situation", "the total personality", "the cultural matrix", "the life situation". These crude groping phrases, these homeless neologisms seem like the outcries of a dis-oriented specialist in search of a set of values, values not merely for the America of 1940, but criteria for the art of being a human being at any time. The most painful limitation of psychologists is their provincialism in time. Their field has been tilled in their manner not a hundred years, but apparently they will not bother with what was true before they came. More than most scientists, because they set out to study the psyche, they need to correct the absurdities and excesses of their specialism with the perspective of the humanist.'



Henry E. Sigerist follows with a brief life history and appraisal of Paracelsus. William Healy discusses Psychiatry and the Normal Life. He feels that psychiatrists should take a more active part in educating the public for a better life. Irwin Edman in *Philosophy as Therapy* advocates the development and use of a helpful philosophy of life by the physician in treating his patients. Briefly, it is 'a candid and clarified sense of their place in nature, a respect for facts, a resignation to difficulties and a responsiveness to the promises and the soluble problems of their lives'. Oscar Riddle in *The Promise of Endocrinology* describes some of the recent advances in the field, and waxes enthusiastic about the future. The final lecture by Francis Carter Wood, *What We Do Know About Cancer*, is an able and optimistic summary of current knowledge in this field.

HUGH M. GALBRAITH (OKLAHOMA CITY)

HOW TO OVERCOME STAMMERING. By Mabel Farrington Gifford. New York: Prentice-Hall, Inc., 1940. 169 pp.

This is a short book with a good reference list for further reading. It is divided into four chapters with an appendix.

In the first chapter there is a discussion of relaxation, the direct road to free speech, and of sighing and soft tones to help overcome the tension in stammering.

The second chapter discusses how to be more fluent in sounding the consonants. The third chapter deals with personality readjustment—how to obtain self-confidence, how to develop perseverance, the use of autosuggestion, and psychophysical control.

The fourth chapter is a discussion of discovering the inner world, with a section on the conscious and the unconscious mind, and the use of the frank autobiography and of free associations in self-analysis. The author lays great stress on the use of suggestion in overcoming the inferiority, fear and anxiety which occurs in stuttering. She says that 'Suggestion injects a psychological anti-toxin into the mind which drives out this mental infection'.

This book will be helpful to stutterers although there will be a certain number who will need a much more deep analysis in order that their speech defect may be overcome.

The style is simple and flowing. It is an easy book to read.

SMILEY BLANTON (NEW YORK)

## ABSTRACTS

**Zur Theorie der Traumatischen Neurose. (On the Theory of the Traumatic Neurosis.)**  
D. K. Dreyfuss. *Ztschr. f. Psa. u. Imago*, XXVI, 1941, pp. 122-142.

One analytic theory asserts that 'the traumatic neurosis is a struggle to reestablish mental equilibrium following a sudden large influx of excitation'. Another analytic assertion is that 'neurotic symptoms are substitute satisfactions, contrary to the ego's wishes, for disturbed sexual function'. Dreyfuss tries to harmonize these apparently discordant statements, and as his title indicates mainly from the standpoint of theory. However, the reader soon realizes that the theoretical considerations are based on rich clinical experience. Dreyfuss finds that in the traumatic neurosis, sexuality is markedly disturbed, even to the point of a loss of genital primacy. To say that the trauma is unconsciously conceived as a castration is not an adequate explanation of this fact; instead, according to Dreyfuss, among the various psychic energies mobilized to master the trauma are also genital energies, perhaps as a last reserve, and that all psychic energies lose their specificity in the general emergency.

'Part of the energy belonging to the ego system, and up to this time cathectedly fixed, are mingled with instinctual quantities till now belonging to unconscious instinctive functions.' This results in a sexualization of ego functions not unlike that seen in conversion hysteria. 'In hysteria a repressed impulse or a traumatic memory is slowly, persistently forced into the realm of the ego. . . . In traumatic neuroses, the ego surprised and momentarily weak, yields to the repressed, or rather to the force of instinct in general'. Eventually the ego fears not alone the threatening external world whence the trauma came, but also the inner world which was mobilized by the trauma. Dreyfuss speculates as to 'diffusion of instincts' in this mobilized inner world and disputes certain of Kardiner's ideas, considering a distinction between damming up of ego instincts and a general damming up of libido as superfluous. The paper concludes with some therapeutic suggestions.

OTTO FENICHEL

**Probleme der Ästhetik. (Problems of Æsthetics.)** Ernst Kris. *Int. Ztschr. f. Psa. u. Imago*, XXVI, 1941, pp. 142-179.

This paper consists of three very instructive lectures about certain problems in art and is distinguished by the clarity and precision with which it treats these complicated matters. Kris says, 'Every individual work of art is deeply rooted in the economic, social, and psychic circumstances of the time of its creation. It is equally determined by the amazing and mysterious human being who has been its creator. The research of both sides of its origin is the field which has to be investigated.' Kris limits himself more or less to the psychological field.

The first lecture concerns the 'æsthetic illusion', namely the specific attitude on which the enjoyment of art is based. This attitude differs from that which confuses the world of art with the world of reality, a disturbance of the function of reality-testing which occurs in many forms. One who delights in art, though deeply touched by it, must know that what he experiences is not fully based on

external reality and that his reactions are, in a sense, autistic. The forerunner of this attitude is found in children's games in which 'what is unpleasant becomes pleasant when the affect is mastered'. But the reassurance that unpleasant affects can be mastered is not the only function of children's games. They are simultaneously used as a substitute satisfaction for wishes which cannot be satisfied in reality. 'This is the origin of what is later called æsthetic illusion.' In the next step: 'Instead of his own fantasies the child also readily accepts the fantasies of others, stories and fairy tales which are presented to him'. Although these stories must really express the fantasy world of the child and must follow certain childhood verbal conventions, yet one thing more is necessary in order to turn them into art. 'Art is a social phenomenon. A collective reacts to what has been invented by a single individual.' The collective individuals identify themselves with the emotions of the creator. In practice this attitude of identification is always combined with another in which the spectator retains a certain distance from the work of art and admires the structure which the artist has given to his fantasies. Historically the drama has been developed out of ritual. 'Everybody was actor, and everybody was audience.' Today something similar occurs in, for example, collective singing at political mass meetings.

The second lecture has as its subject 'Art and Magic' and deals with the effects of plastic arts. Here also the work of art is never reality although a similarity to reality always has been the highest praise for a work of art. This contradiction is rooted in the magical predecessor of art, in times when that which had been copied and the copy itself were looked upon as identical. Where now is the border line between the realm in which the copy was something (magically) real and art in which the copy is recognized as the representation of something real? This border line is never a distinct one. Even today art is used for magical purposes in various ways. If one assumes that magic idols originally aroused more or less the same affects in everyone and had therefore more or less the same significance for everyone, it becomes clear that later, when individual differences became more marked, a change of meaning took place. 'When the identity of the comprehension was disturbed, the work got a new meaning in which we perhaps may see the root of its social significance; it served the purpose of communication.' From this point art branches off to writing. Plastic arts also acquired the purpose of communication although it was originally a magic one. 'The clan was supposed to see what the medical man had drawn. For them, for their eyes it had been done, in order to recall to their memory the fight with a game, or to anticipate it, to show to them what was alive in their thoughts as memories of the past and as images of the future.' Even today creative ability is unconsciously likened to the work of God and is admired and feared.

The third lecture, 'Daydream and Art', refers to the literary arts. The social character of a world of art differentiates it from a daydream. Art does not solely afford simple wish fulfilments, nor does it rush from one climax to another as does the daydream. It must not only satisfy the creator's emotional needs but it must also create an object for the affective reactions of a presumptive audience. 'What a work of art expresses is intended for an audience. The purpose of relaxation for the creator could be achieved in a more primitive way.' The problem then arises as to when and how the daydream turns into



art. After various discussions concerning this problem Kris arrives at the conclusion that the social character of art is determined by a different relationship between the ego and the unconscious primary process than that found in day-dreams. 'Whereas in other states of mind the affects of the primary process overwhelm the ego, in the artistic creative process the creator masters the primary process and uses it for his purposes.' This mastery is not always conscious but it is the means by which the artist influences his audience. 'The artist gives us allusions, he invites us to reactions, he initiates a psychic process which is similar to the process he himself has gone through. We are not supposed to repeat this process but to experience an analogous one. The artist gives us the freedom to use the mechanisms of the primary process as he has done before us.'

OTTO FENICHEL

**Über einen Fall von männlicher Homosexualität. (A case of Male Homosexuality.)**

M. Wulff. *Int. Ztschr. f. Psa. u. Imago*, XXVI, 1941, pp. 105-121.

Wulff reports an unusual case of homosexuality, in which castration fear was not the crucial etiologic factor. Wulff interprets the homosexuality as the direct outcome of a fixation on the father. Before the patient was four years old his mother died, and his attitude to his father, though consciously hostile, was unconsciously passively sexual. His originally strong heterosexual tendencies were repressed brutally by his father, but Wulff holds that this factor, manifested when the patient was eight or nine years old, was not causal but merely accentuated the feminine identification. Wulff points out that the special structure of the individual's oedipus situation was of more importance in the genesis of homosexuality than previous theories have supposed.

GEORGE GEROE

**Mourning and Its Relation to Manic-Depressive States.** Melanie Klein. *Int. J. Psa.*, XXI, 1940, pp. 125-153.

In her previous paper, *A Contribution to the Psychogenesis of Manic-Depressive States*,<sup>1</sup> Melanie Klein expressed the opinion that there is a phase in the normal development of every child, usually as a reaction to weaning, which she called the 'depressive position'. It is this period to which the victims of depression regress. Klein's 'depressive position' is different from that which Abraham called '*Urverstimmung*'. It is not limited to persons who later develop depressions, but is experienced by everyone and the fantasies which form the basis of the experience also differ from those described by Abraham. Melanie Klein was of the opinion that the child who 'loses' its mother's breast believes it to be its own fault and due to the sadistic attitudes growing out of the primary (oral) oedipus complex, which, according to Klein, is already established in the first year of life. The child then tries to undo the loss by introjection and the incorporated objects continue to exist in the interior of the child as its 'inner objects' which have very complicated relations to the real 'outer objects'. These relations depend partly on the child's real experiences and partly on its fantasies and impulses. Continued sadistic fantasies threaten the existence of

<sup>1</sup> *Int. J. Psa.*, XVI, 1935.

inner and outer objects but eventually experiences with 'good' objects overcome the anxieties connected with the 'depressive position'.

Melanie Klein's new paper does not try to adduce further proof of this 'depressive position'. It takes the existence of this phase for granted, and tries to find the relations which in her opinion exist not only between depression and the 'depressive position' but also between normal mourning and the 'depressive position'. Her main thesis runs as follows: 'In my view there is a close connection between the testing of reality in normal mourning and early processes of the mind. My contention is that the child goes through states of mind comparable to the mourning of the adult, or rather, that this early mourning is revived whenever grief is experienced in later life. . . . We have now to connect the infantile depressive position with normal mourning. The poignancy of the actual loss of a loved person is, in my view, greatly increased by the mourner's unconscious fantasies of having lost his internal "good" objects as well.'

According to Melanie Klein human object relationships are generally governed by the way in which the 'depressive position' has been overcome. The work of mourning, i.e., the gradual overcoming of the mourning after the loss of an object, is the direct repetition of the overcoming of the 'depressive position'. It is done by experiences with 'good' objects and by inner 'reparations'. Melanie Klein investigates all childhood neuroses and also the normal phases in the libidinal development of the child, in the light of disturbances in the process of overcoming the 'depressive position'. 'I think that new light will be thrown on the child's libidinal development if we consider it in connection with the depressive position and the defenses used against that position.'

She then discusses the details of the mechanisms which produce this overcoming. The main mechanism is that of the 'manic position' with denial, identification with the objects, and regression to omnipotence. Such denial, it is true, very rarely succeeds. 'Omnipotence, however, is so closely bound up in the unconscious with the sadistic impulses with which it was first associated that the child feels again and again that its attempts at reparation have not succeeded, or will not succeed.'

Manic and depressive attitudes alternate in normal mourning. The 'triumph' of the manic attitudes which Freud missed in mourning and the tendency to secure 'good' objects and to render 'bad' ones harmless are all very obvious. 'Through tears, which in the unconscious mind are equated to excrement, the mourner not only expresses his feelings and thus eases tension, but also expels his 'bad' feelings and his 'bad' objects, and this adds to the relief obtained through crying.' The difference between a child in the 'depressive position' and the mourning adult is that the child is able to overcome its mourning by convincing itself that the real outer mother is still present while the mourning adult has really lost his object and he has to help himself through the reestablishment of 'inner good objects'.

Finally, Melanie Klein discusses 'these anxiety situations which I have found to be of crucial importance also in manic-depressive states', namely 'the anxiety about the internalized parents in destructive sexual intercourse; they as well as the self are felt to be in constant danger of violent destruction'.

OTTO FENICHEL

**The Influence of Early Environment in the Development of Neurosis and Neurotic Character.** John Bowlby. *Int. J. Ps.*, XXI, 1940, pp. 154-178.

Bowlby presents some interesting findings from research on the importance of the childhood *milieu* in the development of neuroses and neurotic characters. Using material which was collected during three years at the London Child Guidance Clinic, he calls attention to the fact that this material often shows the dependence of infantile neuroses on outer circumstances in a clearer manner than does psychoanalysis. Bowlby considers libidinal relations rather than economic circumstances or housing and school conditions. He stresses the insufficiently loved child, the child who has been separated from his mother, and the child who has been exposed to the influence of a neurotic mother.

Bowlby distinguishes more remote causal circumstances from precipitating ones and he thinks that the precipitating factors often make conclusions about the causal factors possible. He shows by examples that individual mistakes in education play a less important rôle than the continuous effect of the unconscious attitudes of neurotic mothers and he discusses in detail the ways in which these unconscious attitudes influence the child. The question 'how is it that children of one family can differ so greatly in their degree of instability?' is answered by 'the fact that the emotional atmospheres in which the children of one family grow up are never the same and in some cases bear practically no resemblance to one another'. He is rather optimistic in the practical aspects of the problem and believes that frequent psychotherapeutic sessions with the mother, with the child, and with mother and child, can be very effective. Psychoanalysis is necessary in severe cases.

OTTO FENICHEL

**The Psychical Experiences During the Shocks in Shock Therapy.** Isidor Silbermann. *Int. J. Ps.*, XXI, 1940, pp. 179-200.

All psychoanalytic authors who have discussed shock therapy agree that the shock and its therapeutic effect correspond psychically to experiences of death and rebirth. Silbermann is of the same opinion, 'the essential features in both being the intense fear and experience of death, with the subsequent experience of rebirth and the associated euphoria.' In the insulin and triazol methods, a period of intense displeasure with feelings of anxiety and imminent annihilation (which is a regression) may be distinguished easily from a later period, coming after the coma or convulsions, when euphoria is experienced (which is a restitution). In the period of displeasure the patient is 'drawn from his narcissistic shelter by the cataclysm and forced to recognize reality; and so a partially normal ego is established, which reacts to the situation with all the anxiety which might be expected in a healthy person'. It is interesting to note to what a degree the conception of a 'rebirth' is effective. It can be observed that in perception, in the mastering of one's own body and in other experiences, archaic phases of development are relived. Silbermann is of the opinion that shock therapy should be combined with psychotherapy. 'The new ego we are trying to build up has to pass through all the stages of a normal childhood, and, just like a child's ego, it is at first hesitant, insecure in its object cathexis, very sensitive and especially in need of affection and encouragement.'

OTTO FENICHEL



**Psychophysical Problems Revealed in Language: An Examination of Metaphor.**  
Ella Freeman Sharpe. *Int. J. Psa.*, XXI, 1940, pp. 201-213.

Freud has shown that the words which patients choose to express themselves reveal their unconscious attitudes. Since then the connections between the unintended form of the verbal expression and the unconscious has been investigated in detail. Ferenczi, in his paper, *The Analysis of Comparisons*, showed how expressions which are meant by the patients as allusions are direct expressions of the unconscious. On the other hand, it is known that metaphors and idioms which are being used abstractly today, once had a concrete, usually magic, meaning which may still be alive in the unconscious of the patients who use them.

Sharpe connects these findings by showing how details of the metaphorical expressions of patients, no matter whether they are traditional idioms or new creations, show the unconscious origin of the metaphors, which are usually based on the experiences of the archaic ego. Sharpe starts her series of examples with the expressions 'to hold' and 'to keep in' emotions. Emotions are thought of as something material and are treated like *faeces*. Words have taken the place of physical products, language in general has taken the place of the more original and direct expressions of emotion. Some metaphors are rooted in certain oral (sucking) experiences and some of these show the reaction to weaning. Others are rooted in other specific experiences to which they allude such as certain details of training in cleanliness. The repetitious use of the word 'really' by a patient could be traced to doubts about the reality of traumatic experiences in his childhood.

Unfortunately, not all of her examples are equally convincing. The way in which depressive patients talked about their depressions led Miss Sharpe to the conviction that, 'I have no doubt that the psychical state of depression first accompanied bodily states when the child lay cold, wet and miserable in bed waiting in hopelessness or fearfulness of being lifted up and rescued from the rut'.

OTTO FENICHEL

**Some Reflections on Psychodynamics.** Ignacio Matte Blanco. *Int. J. Psa.*, XXI, 1940, pp. 253-279.

In this paper Blanco tries to clarify the dynamic relations which form the basis of neurotic conflict, symptom formation and psychoanalytic therapy. He uses this opportunity for a discussion of certain related problems and unclear details. We should be very grateful for such an attempt because of the confusion in the literature on this subject.

Against the id impulses, striving for discharge, counterforces of the ego are developed. Their effect is to change either the direction or the aims of the instinct, 'taming', 'canalization', or to block the discharge entirely. Blanco is of the opinion that these counterforces may sometimes be biological in nature. In certain respects these defensive measures can be looked upon less as measures to hinder discharge, than as measures to make a substitute discharge possible under adverse circumstances. That is especially true for 'normal' defenses. 'The difference between a normal and a neurotic individual lies, not in the absence of the defensive system, but in its mode of functioning.' Neurotic

defenses are rigid and stereotyped. As a rule they are characterized by regression. The ego is deprived of its satisfaction by them, though the 'id and the superego always find discharge of their tension, even if this necessitates the complete wreckage of the ego'. It is true, Blanco adds, that in certain neurotic situations 'the id energy cannot empty itself in its totality through the systems of defense mechanism', but this is not always so.

How does the psychoanalytic therapy work? Its task is to find other and better methods of discharge. I would like to add that the author fails to state that this is essentially done by undoing the pathological defenses, thus changing infantile into adult sexuality, which can be satisfied. Instead he discusses effect pathways of a secondary or accessory nature such as the ways in which the 'transference neurosis' blocks habitual discharge pathways and opens new ones. He discusses anxiety at length and formulates it in this interesting way: 'Anxiety would be similar to the surplus of energy of chemical reactions which is changed into heat. Anxiety would be the heat of the mind.' He also describes neurotic acting out, working through, and finally the 'making conscious' which occurs in the psychoanalytic cure. Blanco explains two different effects of interpretation, that on the intellect by means of which insight into the unconscious significance of an impulse changes the impulse and that on the superego which is evinced in the feeling that the analyst tolerates the interpreted impulse. The verbalization of repressed material is in itself a relieving discharge.

OTTO FENICHEL

**On the Nature of Ugliness and the Creative Impulse.** John Rickman. *Int. J. Ps.*, XXI, 1940, pp. 294-313.

Rickman discusses in a speculative and general way (he himself calls the paper 'marginalia psychoanalytica') some basic problems of aesthetics.

Psychoanalysis has always attacked its problems from the point of view of conflict and polarity. For example, it never investigated the phenomenon of pleasure in any other way than in connection with its adversaries pain, anxiety and guilt. Similarly, says Rickman, problems of aesthetics cannot start with abstract questions about the essence of beauty. If one is to investigate the battles between creative and destructive impulses which form the basis of artistic creation it is also necessary to understand ugliness.

What is ugly? Etymology shows that the ugly means the frightful or the hateful (German: *hässlich*, *Hass*). The child does not consider the same things ugly that an adult does. Sexual repression can explain a great part of this change in the conception of ugliness. The sight of something which is incomplete, dismembered, or of a torso in which a part is missing, especially gives the impression of ugliness, not only because of castration fear, but also out of fear of one's own aggression, because the sight of injury awakens the impulse to carry the destruction a stage further. Deformities, defective growth, unfinished things and things which contain details which give the impression of a foreign body are also considered ugly. All these antipathies are very similar to sexual antipathies.

The internal objects of unconscious destructive impulses which are so often decisive for what is felt as ugly have still other functions in art: they are the

real audience for which art work is done whereas the psychologically related dream work has no other aim than to bring relaxation to the subject himself.

The question 'what is it that is satisfying in art?' is answered by Rickman in a threefold way. First, there is sensuous pleasure. 'Such art is a "flight to beauty": it reminds us of the struggles of the psychotic to conceive of a world more and more saturated with goodness so that he may cherish the illusion that evil does not exist in it at all.' Second, art brings 'solution of conflicts', a reconstruction of what was destroyed or a denial of the destruction brought about by unconscious sadism. Third, there is what Rickman calls the 'eternal factor': 'If we take into consideration the intensity of infantile pain, the enormous courage and endurance of the child in the face of what it feels to be great dangers to itself and to loved ones, its passionate belief that in spite of the fact that its world is reduced to chaos nevertheless it will and can put things right, its good humor due to its belief that in spite of its own evil impulses it has the power to restore and recreate a good world again and that its good objects will remain, if we reckon with the fact that the child goes through periods when the face of familiar things is changed and all that it loves and trusts is crushed by its own violence and befouled by its hate, and if with all this we reckon with the influence and power of infantile fantasy and experience upon our adult perception and emotion: then we may see how the artist can lead us into and out of the world of suffering.'

'Beautiful' is to us what seems to promise the victory of creation over destruction, of life over death; 'ugly' is what contradicts this, what wants to make us believe in the triumph of destruction and death. 'Our need for beauty springs from the gloom and pain which we experience from our destructive impulses to our good and loved objects; our wish is to find in art evidence of the triumph of life over death; we recognize the power of death when we say a thing is ugly.'

OTTO FENICHEL

**Psychoanalysis of Economics.** Paul Schilder. *Psa. Rev.*, XXVII, 1940. pp. 401-420.

Schilder's very interesting paper which, however, is not always easily comprehensible, treats the basic questions of the relation between psychoanalysis and political economy. It discusses the methods with which these basic problems must be approached rather than their actual solution. This discussion is carried out in such a fundamental and convincing way that it becomes clear that it is not permissible to transfer psychological insight, in too naïve a manner, to the economic field. Certainly, economic conditions were created by man. But this does not mean that they are accessible to psychological comprehension without further ado.

Schilder starts with the statement, . . . 'Many of our institutions, customs and habits of life, which have been created as a result of the cultural process, have become independent the moment we have created them. . . . We deal here with a group of phenomena of social and cultural life which, although created by human beings in action, have become independent, go their own way, and cannot be easily changed at will any longer.' This is demonstrated by such



examples as houses, clothes and money. He who wants to investigate those 'independent institutions' must realize that man does not live in isolation. The task is not only to study groups but to study the action of groups in a dynamic way, in the same way that psychology detects activity in every psychic phenomenon. ('There is no perception, no imagination, no thought, which is not action, which does not contain in itself motility.') Schilder continues with the question: Why do men act at all? Marx said, out of economic motives. Freud said, out of instinctual impulses. Both agree that the motives are unconscious. The economic motives can be reduced to the basic instincts of existence (eating, housing, clothing), which, Schilder believes, have actually been neglected by psychoanalysis. 'When one looks over large parts of the psychoanalytic literature, one would not conceive the idea that one eats because one is hungry and wants food for sustaining one's life. But one would rather suppose that eating is a sly way of satisfying oral libido.' At the same time Schilder explains how, according to Marx, ideologies are constructed, by systems of rationalization, to cover up the true instinctual motives. The so-called 'economic' motives are considered 'preconscious' by Schilder and he believes that behind them lie the effective unconscious motives described by Freud. In summation he says, 'The psychologies of Marx and Freud have a deep inner connection.'

The next question which Schilder discusses is, 'What has psychoanalysis to say about money and about work?' Not much; certainly less than the importance of the subject demands. The psychological significance of money and work can only be understood if we study this significance under certain given social circumstances. 'We did not ourselves create the economic system. Perhaps our ancestors did. And the economic system . . . walks around and does not care what we want or do not want, unless we change it by new action.' In this connection Schilder discusses the psychoanalysis of compulsive and depressive disturbances of work. Objectively the productive forces are achieving a level today at which a minimum of work is necessary. 'Our superego demands that we should work. This was perhaps very necessary one, two or three centuries ago. It is not any more.' This gives Schilder an occasion to explain and discuss the 'limping after of ideologies', which means that ideologies remain effective even if the circumstances which have created them are not valid any longer. This 'limping after of ideologies' explains many problematic social events. 'Ideologies are at most a part of the outside world, in the same way as houses, streets and sewers.' The capacity of the human mind to anticipate makes not only the past but also the (supposed) future decisive. The conception of 'possession', which is so important for many economic problems, is rooted in the idea of procuring for the future. Psychoanalysis has shown that 'possessions' are unconsciously equated with 'fæces'. Schilder is of the opinion that the true meaning of this equation is unclear. It might have come into being by the idea that things are best saved by being hidden in the body's interior.

In a rather unsystematic way, Schilder then changes the subject. 'We turn now to the analysis of some basic concepts of political economy.' He explains the Marxian conceptions of 'use value' and 'exchange value' and especially the theory of 'surplus value'. He shows how the facts which are expressed in those theories have the power to form ideologies and to influence human minds. Marx's ideas about these influences need a psychological supplement. 'The

human problem of need in a given situation becomes paramount, and every value appears dependent on the total situation.'

He then returns to 'limping after' which has this consequence: 'The economic process cannot be understood by the analysis of the present, but the analysis has to be extended into the past'. History becomes necessary. At the same time Schilder criticizes the 'dialectic materialistic' way in which Marx looked upon history. He is of the opinion that the 'dialectic' way of approach is not very promising. 'We have to study the process of economics by more subtle methods. Thinking in opposites is a primitive way of thinking and it implies that one accepts or rejects a thought or an object without having fully investigated the thought or the object.' A more precise study of Marx's historical writings would have given Schilder convincing replies to this criticism.

All this shows the dependency of the individual on outer economic circumstances. In discussing Freud, Schilder states, 'Physicians are very often captured in a class ideology themselves'. Concerning the practical consequences for psychoanalysis, Schilder states, 'Psychotherapy has only a meaning when more than a minimum of subsistence is guaranteed to the individual'.

Schilder adds to this inspiring paper a bibliography which is unfortunately rather incomplete. It neglects the German literature which represents similar viewpoints such as papers by Fromm, Reich and the reviewer.

OTTO FENICHEL

**The Ego and the Affects.** Otto Fenichel. *Psa. Rev.*, XXVIII, 1941, pp. 47-60.

In this paper Fenichel gives a complete summary of the psychology of affect phenomena from the viewpoint of psychoanalysis. He points out that the common characteristic of 'discharge-affects', such as in spells of rage, sudden anxieties and sexual excitement, is the interrelationship between body movements or other physiological discharges and emotional feelings. Affect phenomena are more or less independent of conscious intentions because the ego is more or less overwhelmed. Fenichel describes two conditions under which such an overwhelming takes place. An outburst may be a response to an extraordinary stimulus, or it may be caused by a normal stimulus while the organism is in a state of tension. This tension may be the consequence of a previous suppression of emotion. The readiness for the development of emotional outbursts is a sign of a certain weakness of the ego, of a lack of ability in mastering ordinary stimuli and is found in children and neurotic persons who show a greater affective lability than normal adults.

Fenichel describes three developmental stages in the relation of the ego to the affects. In the beginning, the ego is weak and the affects are dominant, then the ego becomes stronger and learns to master and direct the affects. However, a third stage is always possible in which an elementary affect may again overwhelm the organism. Traumatic anxiety is found in the first stage in which the organism is overwhelmed by excitement. In the second stage anxiety of a slight degree is used by the ego as a 'signal' to initiate defense measures. A hysterical attack of anxiety is found in the third stage. According to Fenichel, this threefold stratification may also be observed in other affects.

The ego attitude toward the affect, which is especially important for analytic practice, is one of defense. Fenichel discusses the different defense mechanisms

used against affects, such as blocking, reaction-formation and displacements. In addition, the quality of the affect itself may change, while another possibility is found in the postponement of the affect and its appearance at the wrong time.

Finally, Fenichel considers some normal affect mechanisms. He rejects the opinion that a normal person is without affects. Affects are an enrichment of the personality and should only be called pathological if they disturb conscious intentions.

GEORGE GEROE

**The Phantom of Omnipotence.** Fritz Wittels. *Psy. Rev.*, XXVIII, 1941, pp. 163-172. In this poetic vignette, Wittels continues his publications on Phantom Psychology. The present paper consists of a descriptive case history preceded by a somewhat general sketch on the phenomena of omnipotence fantasies in children, psychotics, and historical figures.

The patient is an only child, a rather pathetic male, who came for treatment because of difficulties in his career which he could describe only vaguely as: 'Things don't go the way they should'. He is characterized by a bland attitude of confidence that nothing can happen to him and by an apparent absence of emotion in all relationships except that with his mother. He represses all emotions because they 'might eventually "be stronger than you"' and are, therefore, 'incompatible with omnipotence'. In addition, a rather empty ambition is seen to exist *pari passu* with blind pessimism. This ambition is adduced to be the consequence of an unconscious wish to be again the princeling he once was during a period of separation from a hostile father between the ages of three and five. The character defense seems to have appeared when the child and his mother left the paradise of doting grandparents and returned to the harsher reality of life with his father. 'Pessimism was his armor or shield while ambition was his sword. He tried to conquer the world but instead of using more effective means . . . he used his phantom omnipotence and was naturally frustrated. He then turned to his I-knew-it pessimism.'

'The treatment consisted in showing to Toni with never ending patience that he was a victim of his phantom of omnipotence.' All events, rebukes, inconsistencies and sporadic successes were used to show him 'in what way he could conquer his life and in what way he could not'. A gall bladder attack in the midst of treatment appears to have helped for some time: 'His phantom omnipotence was considerably shocked, the emotion of pain . . . mitigated his rigid approach to the world. . . . This is no surprise to all those who believe personal adversities to be our best education'.

The author does not indicate whether he considers the treatment a limited psychotherapy or psychoanalysis. Nor does he attempt an evaluation of the important fact that the patient's mother was an invalid and that the patient himself weighed three pounds at birth and only seventeen pounds at three years. In this connection it must surely be pertinent to an understanding of the problem of the character defense dealt with here to know something of the vicissitudes encountered by the patient during the earlier years of testing and learning to master reality.

M. GITELSON



**The Incidence of Neurosis in Cases of Bronchial Asthma.** Viva Schatia. *Psychosomatic Med.*, III, 1941, pp. 157-169.

Analysis of the Rorschach records of forty patients suffering from bronchial asthma confirms the impression, based on psychoanalytic methods, that asthmatics tend to have compulsive personalities without phobias or compulsions.

MARTIN GROTHJAHN

**The Emotional Settings of Some Attacks of Urticaria.** Leon J. Saul and Clarence Bernstein, Jr. *Psychosomatic Med.*, III, 1941, pp. 349-369.

A young woman with intense longing for love was unable to satisfy these desires by a normal sexual relationship with a man because of her fears and inhibitions. She developed urticaria at those times when her longings were especially stimulated and frustrated. Twelve attacks were observed during analysis and their emotional settings described. Eight of them occurred in connection with dreams. These dreams invariably ended on the verge of frustration in an 'almost but not quite' situation. The urticaria appeared when weeping was repressed and often terminated when the patient wept. The findings were confirmed by a second analyzed case and by a few observations on five cases seen in interview. In connection with other observations, particularly on asthma, they led to the supposition of a possible relationship between certain states of allergic sensitivity and states of intense frustrated longing.

MARTIN GROTHJAHN

**Pregnancy Following the Decision to Adopt.** Douglass W. Orr. *Psychosomatic Med.*, III, 1941, pp. 441-446.

The married couple reported by the author had been infertile for many years. Psychoanalysis of both partners, and operations and endocrine treatment of the wife could not break the vicious circle of psychic and somatic difficulties resulting in infertility. The decision to adopt a child broke the circle and it was then 'permitted for the wife to become a mother'. It seems that conception and adoption occurred at nearly the same time.

MARTIN GROTHJAHN

**Disorganizing Factors of Infant Personality.** Margarethe A. Ribble. *Amer. J. of Psychiatry*, XCVIII, 1941, pp. 459-463.

This is a highly condensed statement of observations from the author's wide experience with infants and young children. One who has worked with young patients and their mothers will be impressed with the psychobiological pertinence of Ribble's findings. It remains for them to be formally integrated into expanding psychoanalytic theory.

The tendency towards 'functional disorganization' is a consistent phenomenon among infants who suffer from deviations in maternal care and handling. Eating, sleeping, and elimination are disturbed, motor and psychic organization may be affected, even life itself may be threatened. There is a potential danger from sudden or premature separation from the mother (or from a poor relationship to her) for a long period of time because of the slow maturation of

the nervous system. The consequences include disturbances of feeding, assimilation and breathing with resultant 'mounting tension of inner hunger'.

In addition to the child's need for the satiation of its own characteristic degree of oral tension (two hours of sucking as a daily minimum) and anal tension (premature bowel training must be avoided), the most important need is that of a 'long, uninterrupted period of constant and skilful psychological mothering by one individual'. This is necessary until speech is well developed and the child has acquired 'self-security and voluntary control of body equilibrium'. It is a primary form of experience which satisfies what the author calls 'stimulus hunger' and helps bring the nervous system into functional activity.

Three types of sensory experience contribute to this. First there is the tactile experience of feeding and sucking, and of being held and fondled by the mother. Shallow respiration is related to inadequate or weak sucking. Air swallowing, vomiting and colic are seen in children who are not held enough. Second, there is the kinesthetic experience of being moved about, rocked and cradled. The primitive fear of falling is thus overcome and the sense of body position is developed by what the author calls 'stimulus feeding'. Infants deprived of this are likely to develop head rolling, body rolling, or hyperkinesis. Finally, auditory experience in which the soothing effect of the mother's voice, in speech or song, hastens the disappearance of the 'startle reaction' and may even contribute to the developing capacity for intellectual concentration. The mother's voice 'primes' the child for the focusing of his sensory functions on her as object.

In later phases of infancy and in early childhood the mother's presence is necessary at frequent intervals and the child needs to take an active rôle in the inevitable separations rather than simply be subjected to the mother's withdrawals.

There are two general types of reaction to inadequate mothering or to the loss of an adequate mother: a general negativism, characterized by refusal to suck, failure of assimilation, muscular hypertonus, screaming, breathholding, intestinal colic, and depression or regression characterized by stuporousness, pallor, loss of muscle tone, diminished skin turgor, respiratory irregularity, hiccough and yawning, vomiting and diarrhoea. The second reaction is strikingly similar to surgical shock and responds to massage, injections of saline, etc. In older children these reactions may be replaced by outbursts of excitement or by apathy.

The author conservatively states that it would be 'out of place yet to connect these early infantile experiences too definitely with the extensive personality disorders. . . .' The reviewer suggests that this may be a fertile field of investigation for those seeking to solve the dilemmas of psychosomatic medicine.

M. GITELSON

**The Military Psychiatrist at Work.** William C. Porter. *Amer. J. of Psychiatry*, XCVIII, 1941, p. 317.

William C. Porter holds the rank of Lieutenant Colonel, Medical Corps, United States Army, Chief of Neuropsychiatric Section. The topic and the rank of the author make this paper particularly significant for the psychiatrist.

On the basis of past military experience, he presents criteria for the selection of military candidates.

The emotionally and mentally unfit soldier should be excluded since he is a focal point for dissatisfaction, requires prolonged medical care, endangers fellow soldiers and equipment, and is a burden to the taxpayer. In the last war General Pershing sent the following telegram to the war department: 'Prevalence of mental disorders in replacement troops suggests urgent importance of intensive efforts of eliminating mentally unfit . . . prior to their departure from the United States.' Since that time this policy has been followed by the United States Armed Forces.

There is an interesting chapter on the war neuroses which points out the childhood predisposition in these illnesses and discusses the fact that conditions which promote the building up of tension without the possibility of adequate discharge are also predisposing factors, though of a more immediate nature. The experience at Dunkirk is examined with regard to what forms of war neurosis we may expect today.

The paper is important for all psychiatrists since it presents the responsibilities of the physician in the initial psychiatric examination and stresses the importance of an early detection of psychiatric problems.

RALPH R. GREENSON

**General Semantics, Psychiatry, Psychotherapy and Prevention.** Alfred Korzybski. Amer. J. of Psychiatry, XCVIII, 1941, pp. 203-214.

No one will doubt that as yet psychiatric research is not based on as well defined principles and terminology as the exact sciences. Attempts to clarify psychiatry in its theoretical and practical aspects by the use of a purified terminology and by the evolvment of a scientific foundation which will liberate it from possible metaphysical ties should thus be welcomed by everyone interested in its progress. The author, director of the Institute of General Semantics in Chicago, gives a summary of his attempts in this direction. His contribution, however, does not move towards this goal, but rather tends to confuse the issues.

Two different aspects of his paper merit attention. One is a general revision of scientific thinking, a critique of Aristotelian logic; the other is the application of this position to psychiatry and psychotherapy. As to the first aspect, the author mainly expounds the principles of modern positivism, and the representatives of this school of philosophy will have to decide how much he contributes to the furtherance of modern epistemology or how much he simply advertizes modern terms.

The second aspect, however, concerning the technique of psychotherapy and the concepts of personality, deserves our full attention. Although general semantics is not a medical science and the author is 'not directly interested in the health, as such, of the students', his method of teaching general semantics 'can be applied to a great many life situations, particularly those involving fears, inferiority feelings, frustration, etc., and nervous tics. . . . As a rule, in the middle of the seminar course, without ever mentioning those tics, with the acquiring of nervous balance, they disappear.' Furthermore, the author's methods apply to 'some heart, digestive, respiratory or "sex" disorders, chronic



joint diseases, arthritis, dental caries, migraines, some skin diseases, alcoholism'.

The main source of maladjustment in the individual and of the turmoil in the world at large is Aristotelian thinking in definitions by 'intension', which cover similarities, whereas the correct way of thinking is in definitions by 'extension', which cover similarities *and* differences. If a person learns to think in 'extensional definitions' he undergoes a very wholesome change. He not only straightens out his personal problems, but his thalamus will be greatly benefited. 'The thalamus has no linguistic centers and so will not be affected directly by the old language of intensional structure, but it can be affected by extensional methods and extensional structure of language because thalamic factors are introduced.'

The author illustrates these assertions by showing how the process of extensionalization cures cases of hate: 'Some persons are so overwhelmed by hate that they have no affective energy left for positive feelings, and together with other symptoms the picture may resemble strikingly "dementia præcox" cases.' In most cases the author knows 'directly or indirectly' that this hate aims at a member of the family, e.g., the mother. 'But "mother" is a generalization, and so by intension the hate is generalized to "all mothers", which leaves the student lifeless. . . .' The first step towards mental health appears to be a seminar in extensionalization. Next, the student is trained 'in indexing in his private life, in this case *allocating his hate*. We do not tell him "love your mama"; just the opposite, we allocate his hate and encourage hate for "that woman who bore him", a definite individual such as Smith.' The more he hates the real mother 'the better he gets, and positive feelings toward other people and himself appear'. The next step aims at eliminating 'this individualized hate by using dates'. 'If the student began to hate his "mother" (Smith<sub>1</sub><sup>1920</sup>) twenty years ago, both the student and the "mother" were then entirely different persons. . . . It is poor evaluation to generalize and project the hate of twenty years ago on today's changed conditions (Smith<sub>1</sub><sup>1920</sup> is not Smith<sub>1</sub><sup>1940</sup>).'

This example is instructive, because it demonstrates the author's method of intellectualizing the patient's conflict, thus doing what most patients, for well known reasons, urge the analyst to do. Furthermore, it shows a superficial and distorted aping of some psychoanalytic findings, such as the uncovering of unconscious affects, the reference of affects to persons of infantile importance, the displacement of affects and the recovery of infantile memories. It is of historical interest to note that traces of psychoanalysis can be found even in this mixture of intellectualizing and systematizing procedures and of magical devices such as 'using a slight gesture of the hands to indicate absolute individuals in space-time, orders of abstractions, etc., involving thus the kinesthetic sense. . . .'

At one point the author criticizes Freud: 'An illustration may be helpful, showing the harmful effect of some verbalization. Thus Freud uncritically picked the term "libido", and to his own detriment and the rest of the white race, spent a lifetime explaining that his "libido" is not "libidinous". Similarly, Freud ascribed *one* undifferentiated "sex" to infants, which revolted public opinion. If Freud had used the extensional devices, he would not have gotten into such difficulties. He would not have used the word "sex" without indexes,

dates and quotes, and he would have explained that an infant has a sensitive organ which could be labelled " $S_{1,0}$ ", at birth, " $S_{2,1}$ " at the age of one, " $S_{3,2}$ " at the age of two, etc., which are obviously different, although covered by the one abstract definitional "sex", and obvious only by the extensional techniques.'

Korzybski believes that the present crisis of our culture is referable to a wrong use of language. He appeals to psychiatrists to urge 'that governments should officially employ experts in neuropsychiatry, anthropology and general semantics to guide mankind toward sanity'. For the sake of these governments it would have been helpful had the author made obvious by extensional techniques (Smith, 1942; Brown, 1942) which psychiatrists he had in mind for these appointments. 'Sick Hitler' and 'humanly ignorant Mussolinis, Stalins and Mikadoes' will readily find and have found psychiatrists to prove that their governmental systems initiated new eras of security, vigor and health.

The author's paper is an illustration of a mechanism frequently found in individuals and groups, namely the reappearance of that against which the defense was directed in the defense itself. He tries to fight against the magic of words, and the upshot of his fight is a naïve belief in the miraculous effect of a new terminology.

KURT EISSLER

**Erroneous Recognition (Fausse Reconnaissance).** C. P. Oberndorf. *Psychiatric Quarterly*, XV, 1941, pp. 316-326.

Minor disturbances in reality appreciation are phenomena of erroneous recognition (*déjà vu*, *déjà raconté*, *déjà vécu*). *Déjà vu* (the patient fails to get the impression of a new reality but feels instead an obscure similarity with some past experience) has a disconcerting and unpleasant affect. In addition to the statements concerning *déjà vu* made by Freud (awakening of an old, unconscious, wishful fantasy of improvement of the situation) and by Ferenczi (the obscure similarity refers to analogous situations in dreams of long ago), the author gives some valuable suggestions as to the functional and economic aspects. In some cases, he thinks, it is 'a reactivation of circumstances which have actually been encountered but have been suppressed or repressed', associated with an unconscious conflict of purposive planning in connection with, and at the time of, the original situation. Thus, *déjà vu* constitutes an alert defense reaction which deprives the current situation of the threatening qualities of the original, 'an effort at protection, through reaffirmation against the reality of the present'. Having seen the same before, means that survival will be possible. Three cases were observed in psychoanalysis. One patient thought that the *déjà vu* feeling gave him the power of prognostication.

CAREL VAN DER HEIDE

**On Blushing.** Sandor Feldman. *Psychiatric Quarterly*, XV, 1941, pp. 249-261.

The author elaborates his fundamental study (1922) in which he interpreted blushing as an upward displacement of a genital excitement which is repressed by castration fear and accompanied by exhibitionism and shame. To this he now adds extremely interesting observations, such as the higher frequency of pathological blushing in men, the 'borrowed blushing' based upon an identifi-

cation with others, blushing in relation to telling lies and the compulsion to confess, and in relation to stage fright, impotence and *esprit d'escalier*. Exaggerated laughing, overloud blowing of the nose, heavy drinking, as well as an artificial aggressiveness, often function as approved countermeasures to conceal the symptom. The three most important factors in blushing are predisposing libidinal situations in which castration fear is overcome by 'progression', general social traumata, and local sexual and social traumata related to the face. Among the latter, mention is made of parental admiration for a rosy complexion and praise for the blushing of the child as a sign of its virtue.

In spite of a wealth of clinical information regarding blushing, the article is disappointing because of a lack of psychoanalytic clarification and final psychosomatic analysis. The author concludes that blushing is a sign of dependence; blushers do not have a real superego but are ruled by a 'false superego' (in Hermann's sense) which forces them 'to submit to demands of the outer world without discrimination or judgment'.

CAREL VAN DER HEIDE

**Psychoses Associated with Essential Hypertension.** Morris D. Riemer. *Psychiatric Quarterly*, XV, 1941, pp. 284-295.

No pathognomonic correlations could be made from a study of schizophrenic patients exhibiting both acute and chronic forms of hypertension. However, a sluggish gait, a restrained facies, a tendency to exhibitionism, and a grossly defective sexual adjustment were pointed out as symptoms common to both diseases. On a deeper level were found strongly suppressed anxiety, hostility, passivity, and feelings of guilt which are based on narcissism.

STEPHEN E. KRAMER

**Psychoanalysis of a Case of Deafness.** N. Foxe. *Psychiatric Quarterly*, XV, 1941, pp. 438-449.

Dr. Foxe presents an interesting case of deafness since childhood, which apparently improved to normal hearing under psychoanalytic therapy. In the course of the analysis Dr. Foxe found that, while the patient realized the obvious handicaps in being deaf, he was also aware of many advantages. He could not hear his father scold, he could defy authority, he could expose others to ridicule, and he could demand attention. The writer found considerable evidence that there was a pattern of malingering superimposed on an actual deafness. The patient also realized that he heard better under desirable, pleasant circumstances and more poorly under unpleasant ones. In addition, the painful treatments necessitated by the ear condition served as punishment for the patient's transgressions. As his hearing improved during the course of analysis he developed other physical symptoms, chiefly around the mouth.

Dr. Foxe raises the question of the possibility of nerve regeneration occurring under favorable circumstances. He does not give the material that led him to judge this deafness to be due to nerve pathology. The one incident he cites of sudden improvement in hearing during an analytical hour suggests a tubal rather than nerve involvement. The question seems justified as to whether the case was not at least a partially psychogenic deafness, a symptom chosen



because of the physical basis of chronic otitis media and mastoiditis. If this conclusion is unjustified it is unfortunate that Dr. Foxe did not report more of the objective physical findings in regard to the ear itself.

IRENE M. JOSSELYN

**The Structure of Obsessions and Compulsions.** Paul Schilder. *Psychiatry*, III, 1940, pp. 549-560.

Freud states that the system of conscious experience has perception and motility as its basis and that access to motility is through consciousness. Consciousness and motility are the nucleus of the ego in the psychoanalytic sense. Psychoanalysis has given attention to the more complicated functions of the ego and has neglected the study of primitive motor function in connection with problems of the ego. The work of Jelliffe and Stengel is an exception to this general neglect of organic motor functions. The general psychoanalytic literature as, for instance, the recent papers of Federn, Bergler, and Goldman, does not sufficiently emphasize the relationship of motor problems to obsessions and compulsions. The more general discussions of Nunberg and Fenichel mention Freud's fundamental description of the defense reactions in obsessional neurosis—isolation and undoing—but do not stress the motor elements in the psychology of obsessional neurotics. According to Schilder, about one-third of the obsessive and compulsive patients show organic signs pointing to pathology with the same localization as that found in encephalitis.<sup>1</sup> For therapeutic purposes the full armamentarium of psychoanalytic technique must be used and the patient must be shown in every instance how the content of his experiences are the expression of defense mechanisms. It is necessary that the patient does not conceive of his motor drives as isolated phenomena but as a part of a total situation between him, his love objects of the past, and society.

MARTIN GROTJAHN

**Psychic Problems of the Blind.** Dorothy Burlingham. *Amer. Imago*, II, 1941, pp. 43-85.

In this interesting paper the author describes the results of observations made at the *Israelitisches Blinden Institut* in Vienna. Two of the children who were under the care of the Institute were brought to Dorothy Burlingham for psychoanalysis. Jacob, who was eight years old, came because of inhibitions in his school work, depression and a number of neurotic fears. Sylvia, four years old, was quite normal except for her blindness, and came only for analytic observation so that her development might be compared with that of a seeing child of the same age.

On the whole, Burlingham found relatively little difference in the emotional and sexual development of the blind children and that of normal children.

Fears of the blind children are identical with those of normal children, although there is greater emphasis by the blind on the fear of loss of love and of being alone. This seems to be due to their actual constant dependence upon other persons. The two most important factors in molding their personality

<sup>1</sup> *Amer. J. of Psychiatry*, XCIV, 1938, pp. 1397-1413.

are the fear of being left without help, and, since they have no way of judging the extent of any damage they might do, the fear of the consequences of their own aggression. They have a special need to repress aggression and to seek the friendship and love of those in their environment. Thus they develop the contented, cheerful disposition which is so typical of the blind person.

The education of the blind children does not appear to have been sufficiently adapted to their special needs. Rather, it was modelled as closely as possible upon the lines followed in the education of normal children. Other senses of perception were not adequately developed so that the blind children tried to gain a picture of the world through the eyes of those around them. Often they would respond emotionally like 'a person who hears a joke and laughs with the others although he does not understand it'. If asked to describe an experience they had had, their attempts to do so did not reflect what they themselves had been able to perceive, but they would repeat in parrotlike fashion descriptions they had heard from others, giving an impression of vagueness and insincerity. Because of this dependence upon the eyes of others, the psychic life of the blind is built upon misconceptions and misinterpretations. They are also handicapped in their adaptation to reality because it is so much easier for them to remain in a world of fantasy.

Insufficient development of other senses of perception emphasizes their desire to see and to better comprehend what the power of sight actually accomplishes. They know that the power of sight is an ability which others possess and which enables other persons to do things which they cannot. Both children observed by Burlingham went through a stage of trying to deny the reality of their blindness and insisting that they could see. At other times, they attempted to draw the analyst into their world demanding that she close her eyes and not look.

Considering the limitation of her contact with the blind, Burlingham's summarizing statements seem very broad. She concludes that insufficient substitution is offered the blind for those pleasures which are ordinarily gained through various sublimations of scopophilia. In addition to music, other interests could be developed which have nothing to do with the imitation of seeing people. There should be more emphasis on training other senses, as in manual work. The blind should be encouraged to express themselves more through writing, and science could be taught in a more practical and concrete fashion. 'Adaptation will take longer in this manner but to make up for that it will be unaccompanied by the elements of vagueness and insincerity which are the unavoidable results of our present day education of the blind.'

MARJORIE LEONARD

**Sex Offenders and Sex Offenses: Classification and Treatment.** Ira S. Wile. *J. of Criminal Psychopathology*, III, 1941, pp. 11-32.

Most authors who have written about sex offenses have discussed crime rather than the criminal and as far as they dealt with the perpetrator, the proposed classifications were more or less descriptive. Wile quotes several examples of such classification and discusses their insufficiencies. He himself is of the opinion that 'an analysis of sex offenders should take into consideration several

frames of reference for classification'. He proposes 'a tentative sixfold classification for the purpose of promoting clearer interpretation and understanding as essential basis of rational therapy'. He classifies them according to age, plane (biological, psychological, social and legal), control, responsibility, legal offense and physiological, pathological and social factors.

The second part of the paper concerns therapy. Though Wile states that therapy has 'to meet and solve the dynamics behind the behavior' and 'should be based upon the maximum insight into the origin and nature of the personal maladjustment', he does not see psychoanalysis as the method of choice. However, even an enthusiastic psychoanalyst will certainly admit that the circumstances under which the treatment of sex-offenders is possible are often very unfavorable to psychoanalysis.

OTTO FENICHEL

**Three Cases of Anxiety and Failure in Examinations.** J. D. Sutherland. *Brit. Jour. Med. Psychol.*, XIX, 1941, pp. 73-81.

The author cites three instances of male students who failed repeatedly in examinations despite adequate ability and preparatory study. He finds that the failures were unconsciously motivated acts. Unconscious aggressive attitudes toward a parent and a need for punishment were found in all cases. In two of them the failures seemed designed to prevent the assumption of adult responsibilities while at the same time they served as a punishment for unacceptable sexual impulses. The author also draws attention to the parallelism between initiation rites and examination procedures.

MILTON H. ERICKSON

**The Facts of Observation in Psychoanalysis.** Siegfried Bernfeld. *J. of Psychology*, XII, 1941, pp. 289-305.

The fact that many psychologists still doubt the scientific character of psychoanalysis induced Bernfeld to present the pure facts of observation in psychoanalysis apart from all theoretical accessories. Bernfeld is of the opinion that the aforesaid suspicion is probably rooted in the fact that Freud introduced certain everyday procedures into science which had not as yet been used for scientific purposes, such as the technique of conversation and especially one chapter of this technique, the removal of obstacles against certain communications. Freud introduced methods which influenced human beings to confess secrets or, rather, to overcome hindrances which made these confessions impossible. Bernfeld analyzes the procedure of the analyst in detecting and interpreting resistances by asking the question 'How are confessions verified as such?' It is not only a matter of physiognomic connections but also of 'certain relations with the whole actual situation, with the usual behavior of the person, with the attitude he showed after the confession, and with his personality'. In overcoming a resistance we have the following succession: the usual behavior of the patient, the interruption of this behavior by his 'hiding a secret' (resistance), the interference of the psychoanalyst, the 'confession' and the return of the usual behavior. The 'gestalt' of this succession is essential. 'Thus the differentiation between confession and non-confession, between the right con-



fession and all the others, is made in exactly the same way as we decide whether a figure is a triangle or a circle. We see it; and should we have any doubt, then we remember the definitions of triangle and circle and make sure of the presence or absence of the defining signs.'

'Thus, very simply, the question above is answered. Considering confessions as observation facts, we need not worry about their verification. Observation facts are never verified or disproved—as the modern logicians of science have convincingly demonstrated. Contrary to an earlier belief observation facts are subject only to the quite different requirement of intersubjectivity.' What is this intersubjectivity? The above mentioned succession is repeated again and again and therefore is observable by everyone. The only difference is that 'in psychoanalysis it may take some undetermined time before a resistance or a confession appears'. The psychoanalyst is protected against the possibility that a good 'imitation' of the analysand betray him by stimulating a resistance-confession-succession by the fact that he knows the history and habits of the life of the analysand.

Bernfeld concludes his interesting article by stating a service experimental psychology might do for psychoanalysis. 'In the preceding study we isolated logically the removal of obstacles. For the purpose of improving this instrument, it ought to be taken out from the setting of the psychoanalytic interview. We must use it in the laboratory of experimental psychology. By making the microscope an object of specialized investigation, by uncovering the physical laws of its structure and function, we refine and perfect it for application to histology. Similarly our pattern—secret, interpretation, confession—must become the object of research which is not interested in the confessions as observed facts but in the procedure itself as a means of producing facts.'

OTTO FENICHEL

## NOTES

The following members of the AMERICAN PSYCHOANALYTIC ASSOCIATION are now serving in the armed forces of the United States of America:

Raymond Gosselin (New York)  
Harry August (Detroit)  
Walter Briebl (New York)  
Morris W. Brody (Philadelphia)  
William H. Dunn (New York)  
Arnold Eisendorfer (New York)  
Richard L. Frank (New York)  
George Frumkes (New York)  
Roy R. Grinker (Chicago)  
Martin Grotjahn (Chicago)  
Uno Helgesson (Boston)  
M. Ralph Kaufman (Boston)  
Paul Kramer (Chicago)  
Alfred O. Ludwig (Boston)  
William C. Menninger (Topeka)  
Joseph Michaels (Boston)  
Milton L. Miller (Chicago)  
J. Clark Moloney (Detroit)  
John M. Murray (Boston)  
William Needles (New York)  
Frederick Rosenheim (Boston)  
Leon J. Saul (Chicago)  
Louis A. Schwartz (Detroit)  
Herman Shlionsky (New York)  
Emile Gordon Stoloff (New York)  
Carl Tillman (Topeka)  
Carel van der Heide (Chicago)  
Harry Weinstock (New York)

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The TOPEKA INSTITUTE FOR PSYCHOANALYSIS has issued a brochure giving its aims, program, and requirements of candidates. The Institute operates in three branches: Topeka, Kansas; Los Angeles, California; and San Francisco, California. Guest lecturers at the Topeka branch during the winter quarter of 1943 were Dr. Alan Gregg, Dr. Frank Fremont-Smith, Dr. Norman Maier, Dr. Robert R. Sears, and Dr. Lawrence S. Kubie. Regular courses were given by Drs. Karl A. Menninger, Robert P. Knight, Ernest Lewy, Mary O'Neil Hawkins, Elisabeth Geleerd. At the Los Angeles branch seminars were given by Drs. Otto Fenichel, Ernest Simmel, David Brunswick. At the San Francisco branch seminars were given by Drs. Siegfried Bernfeld, Bernhard Berliner, Emanuel Windholz, Erik H. Erikson, and Jacob Kasanin.

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March 1943 program of the TOPEKA PSYCHOANALYTIC SOCIETY: Seminar on Freud's Writings conducted by Dr. Ernst Lewy. Dr. Merton M. Gill reviewed Recom-



mendations for Physicians on the Psychoanalytic Method of Treatment from Freud's Papers on Technique. Lecture by Dr. Mary O'Neil Hawkins on Defense Mechanisms. Case Seminar: Group Control conducted by Dr. Robert P. Knight. Scientific Meeting: On Micropsia, by Dr. Ernst Lewy. Mary O'Neil Hawkins, M.D., Program Chairman.

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The MICHAEL REESE HOSPITAL announces that Dr. S. J. Beck will offer his usual course this year in the Rorschach test. Accent will be on those less serious mental disturbances in which success in treatment appears possible. The differentiating patterns of the test, in these patients, will be studied from full response records, and contrasted with those found in more serious conditions. The course will be in session two two-hour periods daily for five days, June 7-11, 1943, inclusive. Interested persons are invited to communicate with the Department of Neuropsychiatry, Michael Reese Hospital, Chicago.

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THE REVISTA DE NEUROLOGIA E PSIQUIATRIA DE SÃO PAULO (Brazil) has published an issue devoted to psychoanalysis. It is the July-August 1942 issue.

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THE RESEARCH COUNCIL ON PROBLEMS OF ALCOHOL announces a thousand dollar award for outstanding research on alcoholism during 1943.

1. The research for which the award will be granted must contribute new knowledge, in some branch of medicine, biology, or sociology, important to the understanding or prevention or treatment of alcoholism.

2. Any scientist in the United States, Canada or Latin America is eligible for the award.

3. The project may have been inaugurated at any time in the past or during the year 1943, provided (a) that a substantial part of the work be carried on during the year 1943, (b) that it be developed to a point at which significant conclusions are possible before the end of the year, and (c) that a report on the work has not been previously announced and described before a scientific body or previously published.

4. It is desirable, but not necessary, that those planning to work for the award send to the Council before March 1, 1943, a statement of such intention. If the Council receives such information, it can be helpful in the prevention of undesirable duplication of effort. If a research project is conceived and inaugurated later in the year 1943, a statement of intention may be sent to the Council at a later date.

5. A report on the work and resulting conclusions must be submitted to the Research Council on Problems of Alcohol on or before February 15, 1944. The Council will provide an outline for use in the preparation of reports.

6. The award will be in cash, and will be given to an individual scientist whose work is judged sufficiently outstanding and significant to merit the award.

7. The Committee of Award will consist of five persons—an officer of the



American Association for the Advancement of Science, and four representatives of the Scientific Committee of the Research Council on Problems of Alcohol.

8. If the Committee is not convinced of the outstanding merit of the research done during 1943, as described in reports submitted, it may, at its discretion, postpone the award until another year, or until such time as work of such merit has been performed.

The Council will send on request, to any scientist, an outline of basic policies governing its research program, lists of Council studies (completed, under way and contemplated), and information regarding the studies of other agencies. Scientists planning to do research in connection with the award may send a statement of intention to The Director, The Research Council on Problems of Alcohol, Pondfield Road West, Bronxville, New York.

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